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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

05193

5202	CERTIFICATE OF DEATH	Roy. Digt. N	23
1. PLACE OF DEATH  o. COUNTY  Allegany	MARYLAND o. STATE Mary Land	here deceased lived. If institution: Residence bet b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cumber Land, 40y:	1/2/2	outside corporate limits, write RURAL and give n	earest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) O.O.A.Memorial Hospital	/d. STREET ADDRESS 518 Virgin	nia Ave.	e. IS RESIDENCE ON A FARM? YES NO R
3. NAME OF DECEASED (Type or print) Harry William	Middle Lost	4. DATE Month CO DEATH May 13	3 19 60
S. SEX  6. COLOR OR RACE  7. MARRIED 10 II  White WIDOWED	DIVORCED June 23, 18	393 66 yes. Months Days	R IF UNDER 24 HRS. Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND Of during most of working life, even if retired) Retired Brakeman Rails	road Newark,	Ohio USA	OF WHAT COUNTRY
William Abbott		ey Burton	
(Yes, no or unknown) a fif was case were or dotes of service)	SECURITY NO. 17. INFORMANT 07-9735 Mrs. Harry	Abbott, Cumberlan	nd, Md.
IMMEDIATE CAUSE (6)	), (b), ond (c).] left ventricular failure	104	Sudden
gave rise to immediate	ry occlusion		sudden
tying couse lost. (c) Coronal	и		7 yrs.
ICATIC			19. WAS AUTOPSY PERFORMED? YES NO
	OW INJURY OCCURRED. (Enter nature of injury in I	rori   or rori ii or item id.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY O Hour a. m. 19 While No of work of of	it while factory, street, affice bldg., etc.	(County )	(State)
21. I certify that I attended the deceased from alive an NEW April 20 , 1960	, and that death occurred at $7:30$	ADDRESS (Street, city or fown, state)	
ACTUAL SIGNATURE PROPERTY JACOB		shing St.	5/1.6/60
	cobson, MD Cumber	land, Maryland	
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. N			
Burial 5-16-1960 H:	AME OF CEMETERY OR CREMATORY  illcrest Burial Parl  DORESS 240 REC'	22d. LOCATION (City, town, or county)  K Cumberland, Md.  D BY REGISTRAR 24b. REGISTRAR'S SIGNATI	(State)

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remare carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, or remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/S7

CHILIPPATE OF DEPTH-. 27 

VR A1S (4) 15M 1/59

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	ALLEGANY	MARYLAN	a STATE	MARYLANI	L COUNTY			an)
RURAL and give	(If autside corporate limits, nearest town) STBURG	write c. LENGTH OF STAY IN 1	c. CITY OR T	FROSTBUF		URAL and give ne	arest town	1
d. NAME OF HOSP OR INSTITUTION 139	E. MAIN SI		d. STREET A		MAIN ST.			DENCE FARM? NO N
NAME OF DECEASED (Type or print)	JESS 1	E M.	AGNE		TO A TE	3		9 60
S. SEX FEMALE	1 THE THE	MARRIED NEVER MARRIED [	DEC. 26		9. AGE (in years lost britished) yrs.	Manths Days	Haurs	R 24 HRS. Min.
HOUSEWO.	ION (Give kind of work don whipe life, even if retired)	OWN HOME		ACE (State or foreign RYLAND	country)	12.CITIZEN O	-	OUNTRY?
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME		-		
ROBER	T MERRBACH		JES	SSIE MATH	IEWS			
IS. WAS DECEASED EV (Yes. no. or unknown)	/ER IN U. S. ARMED FORCE: (If yes, give wor or dates of service)		MAX AGNE	EW, 139 E	Add E. MAIN		OSTE	URG
	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	per line (gr (o), (b), and (c))	el He	more	lon		ERVAL BE LET AND LICIENTE LICO	MEATH LEN
gave rise to cause (a), stating lying cause last	immediate DUE TO	/	1	02 700		,		
		IONS CONTRIBUTING TO DEATH				VEN IN PART 1(o)	PERFO	NO X
	VAS UNDERLYING [] IG [] CAUSE OF DEATH IY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCU	RRED. (Enter noture a	f injury in Part I or P	art II of item 18.)			
20c. TIME OF INJU		20d. INJURY OCCURRED 20e. While Nat while	PLACE OF INJURY II		ity ar town)	(County)		(Stote)

at work ot work

21. I certify that (1) (this haspital) attended the deceased fram mug 30, 1960, that (1) (we) last %O, and that death accurred saw the deceased alive an. from the couses and an the date stated above 22a. SIGNATURE 226.DATE

22c. PHYSICIAN'S NAME (Type)

ATTENDING PHYS. M.D. 22d. ADDRESS MED. STAFF

(State)

65194

BURIAL CREMATION DATE THEREOF 236 JUNE 160

23c. NAME OF CEMETERY OR CREMATORY FBG. MEMORIAL PARK

ON (City, town, o county) 23d. LOCAT FROSTBURG.

MD.

24. FUNERAL DIRECTOR'S, SIGNATURE

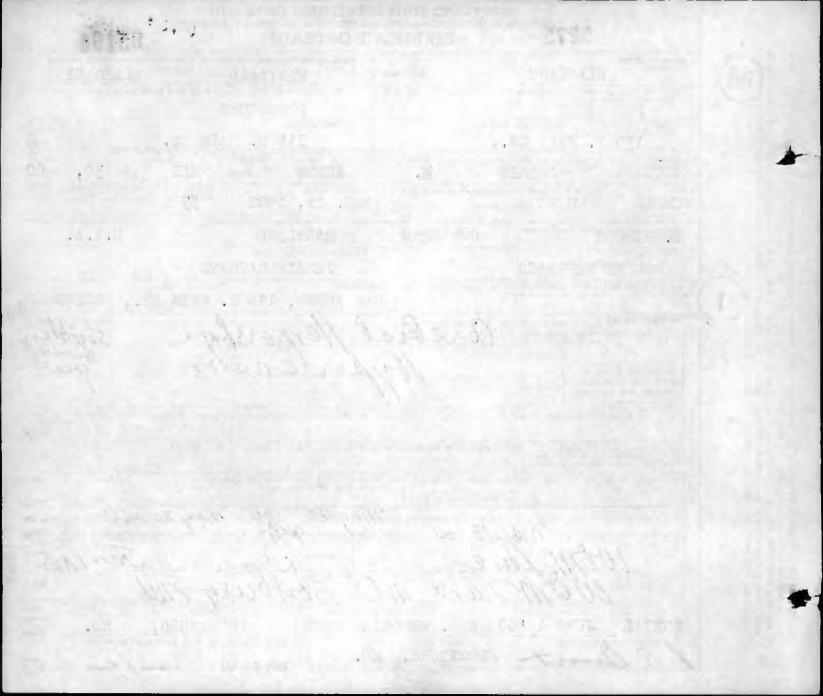
ADDRESS FROSTBURG,

MD.

250. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

alla 9 Kans



VS A1S (4) 1SM 9/SB

	STATE DEPARTMENT	OF HEALTH-BALTIMO	RE, 1
5203	CERTIFICATE	OF DEATH	

U5195 Reg. Dist. No.

		LACE OF DEATH	Allegany		MARYLAND	2. USUAL RESIDENCE (W		ved. If institution b. COUNTY	n: Residence bef	
	Ь	CUMDS:	If outside corporate limits, we earest town)	rite c. LEN	/21/56	c. CITY OR TOWN (IF	outside corporate	e limits, write RL		
	d	OR INSTITUTION	TAL (If not in hospital, give s Allegany Co	unty	Infirmar	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO X
	3. N D (1	IAME OF DECEASED Type or print)	Obie First		Middle Wilson	Arnold	4. DATE OF DEATH	May	6, <sup>0</sup>	Year 19 60
	5. SI	Male	6. COLOR OR RACE 7. WII	MARRIED A	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	2 8	AGE (In years last birthdoy) 7 yrs.	Months Doys	R IF UNDER 24 HRS. Hours Min.
1	F	Retired	ON (Give kind of work done king life, even if retired)  — Lavale G		of Business or Indi Worker	11	rginia	olry)		S. A.
_	13. F	ATHER'S NAME	Luther Arno	ld		14. MOTHER'S MAIDEN  Matild		1		
I	15. V	WAS DECEASED EVE	ER IN U. S. ARMED FORCES? (If yes, give wer or dates of service)	16. SOCIAL		Informant P.O.Bo	ox 599	Addre	-	rland, Mo
	MEDICAL CERTIFICATION	PART I. DEA  Conditions, if of gove rise to couse (o), stoting lying cause lost.  PART II. OT  20a. ACCIDENT W. OR CONTRIBUTINK (IF EITHER, NOTIEV 20c. TIME OF INJUIT Hour a.m. p. m.  21. I certify the calive an actual signature  PHYSICIAN'S NAME (Type)	The under the un	DESCRIBE HOOD. INJURY of twork of the control of th	BUTING TO DEATH BUTING TO DEAT	Defences  T DIOT RELATED TO SHETERN  CENTER nature of injury in  LACE OF INJURY (Home, far  pactory, street, office bldg., et  19, ta  h accurred at  M.D. 19 G:	m, 20f. (City or 6/6/60  M, fram the ADDRESS (Streene Serland,	of item 18.)  town)  town)  e causes and of city or town, s	(County that I last sad an the datate)	PERFORMED? YES NO D (Stote)  We the deceased the stated abave. DATE SIGNED
		BURIAL, CREMATIC REMOVAL (Specify BURIAL UNERAL DIRECTOR	5/9/60	2/	DAME OF CEMETERY OF		22d, LOCATIO (1): V= 1'D BY REGISTRA MAY 1 0 '6		GN-T	
	11	vayre	· ( · Stale	gle	1 Kerry	s Ware DATE	MACE I U U	-	1 & T	rated

F 1 5 5			5803	
TELESCHEE	Book grell		Allegany	
	efsV ml	3/21/56	bances	drift.
		ty Inflame	Allegency Coun	
à è	Armold day	Monith	nidu	
	11/17/1872 87	IL.	-#111	Malo
b 6 4	simismily duch	deficie si	enio claval - 1	eritel
, bankeens skapes y	neella ahtimah Var ashin. Paranat jangeat	A	Blanch goodin	
	And the second			
	5/6/60	3/23,00	3/4/60	
5/3/60	JE STARRE PL			
	Oursersand, 156.		Dr. Jens L.	
(fee-				516

director,

Pe

hours after death.

within

any

and

or removal,

cremotion,

burial,

1 PLACE OF DEATH

MARYLAND	STATE	<b>DEPARTMENT</b>	OF	<b>HEALTH</b>

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

DIV	131014 01 31	WILL STIFF	KESEMKCI	I WILLIAM	MECON!	-	PINE
276		CE	RTIFIC	<b>ATE</b>	OF	DE	ATH

FKIIII	IL OI DEATH				
MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If o. STATE MARY LAND b. CC				
OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits,	write RURAL and give nearest town)			

o. COUNTY	ALLEGANY		MARYLAND		o. STATE	MA	RYLAI	ID b. COUNTY	A	LLE	GAN	Y
B. CITY OR TOWN (III	outside corporate limits, Crest lovin TBURG	write c. LE	HRS.		c. CITY OR TOWN	-	_	RG, RT		give nec	arest fowr	1)
d. NAME OF HOSPIT OR INSTITUTION	RS HOSPIT		5)		d. STREET ADDRES						e. IS RES ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	CHRIST	INE	MARIE		ARNONE		4. DATE OF DEATH	MAY	th	2.	,	Year 19 60
S. SEX FEMALE		MARRIED NIDOWED	NEVER MARRIED K		EC. 22.	19		9. AGE (In years lost birthdoy)  1 yrs.	Months Months	R 1 YEAR Doys	Hours	ER 24 HRS. Min.
INFANT	N (Give kind of work doing life, even if retired)	ne 10b, KIND	OF BUSINESS OR IND	USTR	MARYL	AN	D	ountry)	12.CI	IIZEN O	S. J	COUNTRY?
13. FATHER'S NAME  JAMES  15. WAS DECEASED EVER  (Yes. no. or unknown)		ES? 16. SOCIA			PAULI DRMANT J. ARN	NE	BOLI		"RT. FRO	s <b>z</b>	URG.	, MD
Conditions, if or gove rise to it couse (o), stating lying cause lost.	mmediate DUE TO	P-	nlum				nch		(FALIAL DA	ONS	ERVAL BE SET AND 2 4	DEATH
PART II. OTH	S LINDERLYING 17		HOW INJURY OCCUR						EN IN PA	KI 1(0)	PERFC	DRMED2

OR CONTRIBUTING | CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER

MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Year 20d, INJURY OCCURRED Day, foctory, street, office bldg., etc.) Hour 0. m. While Not while

19 at work at work p. m. 19 69 that (1) (we) lost 21. I certify that (I) (this hospital) attended the deceased from.

and that death occurred at 2PM, from the causes and on the date stated above. saw the deceased alive on 226\_DATE 220. SIGNATURE SIGNED ATTENDING PHYS. STAFF PHYS. M.D.

22c. PHYSICIAN'S NAME (Type) DAVIS, M.

B

JOHN

DIRECTOR -22d. ADDRESS

BROADWAY

(County)

23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, PEMOVAL (Specify) 960 ST. MICHAELS CEMETERY

23d. LOCATION (City, town, or county)

'60

(Stote)

(Stote)

24. FUNDRAL DIRECTOR'S SIGNATURE

ADDRESS

D.

250. REC'D BY REGISTRAR

DATE MAY 6

Octour & Hance

25b. REGISTRAR'S SIGNATURE

VR A15 (4) 15M 9/59

STEAMER STATE OF STREET VELOCITY SERVICE OF THE SERVICE OF THE SERVICE AND SER ALL THE RESERVE OF THE PARTY OF

's after death. Page 4

1. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h

obsistion and campletely filled in by the funeral director, smare carbon papers. Pages 1 and 2 should be filed with

darbon papers. Pages 1 72 hours after death.

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

Circling S. Kraus

DATE MAY 25 '60

	5277		CERTIFIC	CATE	OF DEAT	Ή		n917		
1. PLACE OF DEATH o. COUNTY	Allegany		MARYLA	11 01	TATE	(Where deceases	d lived. If instituti b. COUNTY			ian)
b. CITY OR TOWN (IF RURAL and give nec	outside carporate limits,	write c. LEN	IGTH OF STAY IN	1b c.	-		rate limits, write R			)
Fros	tburg		7 days	1X	Mt.	Savage				
d. NAME OF HOSPITA OR INSTITUTION Mine:	L (If not in haspital, given to Hospital)	e street address)		1 d.	STREET ADDRESS				e. IS RESI ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	Rob		Middle Nott		Barth	4. DATE OF DEATH	Mor May	22	nd.	rear 19 60
5. SEX	6. COLOR OR RACE 7	- MARRIED	NEVER MARRIED	B. DATE	OF BIRTH		9. AGE (In years last birthday) 80 yrs.	IF UNDER 1 YEA	R IF UNDE	R 24 HF
Male	White v	VIDOWED 📉	DIVORCED [	Nov	. 11th	.1879	80 yrs.	Months Days	Hours	Min.
10a. USUAL OCCUPATION	N (Give kind of work doing life, even if retired)	ne 10b. KIND O	F BUSINESS OR IN			ate ar fareign c	ountry)	12. CITIZEN		
RetBoil	er Maker	C&P	Railroa	d	Marv	land		11	SA	
13. FATHER'S NAME				14. N	OTHER'S MAIDE	N NAME				
John W	. Barth				Martha	Bauer				
15. WAS DECEASED EVER	IN U. S. ARMED FORCE	S? 16. SOCIAL	SECURITY NO. 1	7, INFORMA			Add	ress		
Lines not on austreman)	yes, give wor or ocues or servi	None	9	Mrs.	John P	oland.	Mt.Sav	rage M.	d.	
Canditians, if on gave rise to imcause (a), stating the lying cause last.	mediate (	Car	rcinoh einom vith /	9 0	f the			4	in Kn	
÷ .	ER SIGNIFICANT CONDITION  TEMPORALYING  UNDERLYING  1 CAUSE OF DEATH AEDICAL EXAMINER)	ve to 1		suffi	clenci	y and.	Corona		DEDECO	CHILDRE
-	Month, Day, Year	20d. INJURY C While No at work at	OCCURRED 20s	PLACE OF factory, str	NJURY (Hame, f eet, affice bldg.,	farm, 20f. (City etc.)	ar tawn)	(Caunty	()	(State
saw the decease 220. SIGNATURE 22c. PHYSICIAN'S	(I) (this hospital) of alive an May  Alvin J. 1	12/ 19	60. and the	ot death o	TENDING DATE ADDRESS	MED. DIRECTOR	May 22 the causes an  STAFF PHYS.  Frost	d an the dat	e stated 22b	abave DATE SIGNE
23a. BURIAL, CREMATION REMOVAL (Specify) BUTIAL 24. FUNERAL DIRECTOR'S	5-25-60	23c. N St	George		.Cemet	ery, M	ION (City, tawn, o	ar county)	(State	-

Frostburg, Md.

may be retained by the haspital ar attending physicion.

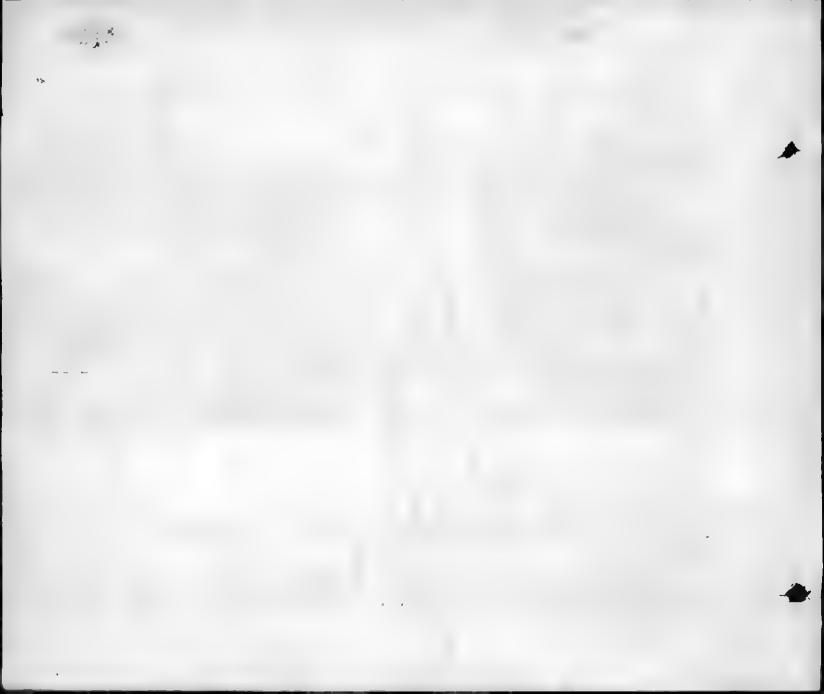
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending page 3 should be detached for use as the burial-transit permit. Then please the State Board at Health prior to buriol, cremation, or remaval, and in any TO HOSP YR A1S (4) 1SM W/SW

1 3 15 DECEMBER OF THE PARTY OF THE PA THE STATE OF THE PARTY OF March Conce and the complete of the state o E120 2 6 88 1 1 1 5 1 1 5 1 1 5 1 The state of the s Secretary and the second second The state of the s THE REPORT OF THE PROPERTY OF THE PARTY OF T 

		1		
PINAL EXAMINACK: INIS CERTIFICATE STAGUIG DE EXECUTED WITHIN 24 NOUTS OTHER GEOTH. IT ANY DEIGH IS NECESSARY, DIEGSE EXE-	cate, writing the ward "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the funeral Fector. Page 4 should be	he Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.	RECTOR: Page 3 shauld be used as a burial-transit permit. File pages I and 2 with the registrar priar to burial, cremation,	
ZK.	DW DL	Col E	3 sho	
Amil	ing it	Medic	oge	
ξ .	WIL	hief	0%:	
3	cate,	200	RECT	

VS. A1SME(S) 5M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5204 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen	ce before admission)						
	account alkegany MARYLAND	o. STATE County ( 4.	dohon						
	b. CITY OR TOWN (If outside corporate lumine here HURAL   C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and)	give negrest lown)						
	and give nearest town)	Bosen Chin	712 6						
	8. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give-street address)	d. STREET ADDRESS	. IS RES DENCE						
	algonowin Hetel	6041 Engle Road	ON A FARM?						
3.	NAME OF A First- Middle								
	DECEASED (Type or print)	Lest 4. DATE Month OF DEATH	Day Year						
5. :		DATE OF BIRTH P. AGE (In your TEUNDER )	19 6 C						
"	200	1 1 2 A Ca led by the lead	Days Hours Min.						
10	Male & While WIDOWED   DIVORCED	pan 7, 101/ (2) yr.							
100	to USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI during most of working life, even if retired)	12. CITIZ	EN OF WHAT COUNTRY						
6	Internam 1211/1 lecordin	7 (0 West Bridgewoler to	u.s.A.						
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	terph. ( Bianta	Elizabeth & un	can						
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address	1 6						
	7/6 - 7	Is Elma M. Hett 11.	ew yazh						
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]		INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) COR ONARY	OCCLUSION	SUDDEN						
	4 1 DUE TO	7002002011	SODDEN						
	CONTRACT OF THE PROPERTY OF	CTEROSTS							
	gave rise to immediate cause	OTHERODID							
	(a), stoting the underlying DUETO								
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY								
8	TAKE II. OTHER STORMS GOT STORMS CONTROL TO SEATT BOT IV	OF REDAILS TO THE TERMINALDISEASE CONDITION GIVEN IN PART	PERFORMED?						
5	Ma CYTERNAL CALIFF 1932P		YES NO X						
CERTIFICATION	LENWART III OF CONTRIBUTING [1]	Her nature of injury in Port I or Port II of item 18.)							
0	CAUSE OF DEATH.								
E	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLAC Hour a, m, White Not white facto	E OF INJURY (Home, form, i 20f. (City or town) (Country, street, office bldg., etc.)	ity) (Slote)						
E.	p. m. 19 of work of work								
	21. I certify that I took charge of the remains described above	re, held an Autapsy 🔲, Inspection 🛣 Inquiry	X, and find that						
	death resulted from: Natural causes 🔽, Accident 🔲, Suid		Late .						
	SIGNATURE & Senedict Skertarilie	CHIEF MEDICAL EXAMINER	DATE SIGNED						
	STOPPHISTIRE BUTTONES	ASSISTANT MEDICAL EXAMINER							
	EXAMINER'S NAME (Type) BENEDICT SKTTARELIC M.D.L	DENITY MEDICAL EVALUATION TO	1060						
220	BURIAL, CREMATION, 226. DATE THEREOS 122C NAME OF CEMETERY OR	The Miss of the Control of the Contr	1960 (Stote)						
1	REMOVAL ISpecify) [ 1/27/// 12 1/27//	1 / 17 The was 100	foloiel						
米	TUNEAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	NATURE						
"	Louis Steen Ins. Curt		4.4						
6	y and some ( way,	DATE MAY 23'60 Cuthur 2.	CAMACA						



FINE

5278

65199

	1. PLACE OF DEATH 6. COUNTY Allegany	MARYLAND	2 USUAL RESIDENCE (Where de a. STATE Md.	ceased lived. If institution b. COUNTY	n: Residence before admission) Allegany					
1	b. CITY OR TOWN (If outside carporote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)							
1	FIRST (NUMBER OF STREET	5 Ds	X' Lonaconing							
	d, NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS		e, IS RESIDENCE ON A FARM?					
П	Timers Hospital		Charlestour St	•	YES NO					
	3 NAME OF DECEASED (Type or print)	mpSen Middle Bittir	tasi 4. D.	ATE Month	Day Year 14 19 60					
Ì	5 SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.					
	Male White WIDOWE	D DIVORCED	pril 6, 1882	lost birthdoy) 78 yrs.	Months Days Hours Min.					
	10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)  Laborer S:	KIND OF BUSINESS OR INDUST AW Mill	IRY 11. BIRTHPLACE (Stole or fore Maryland	eign country)	U.S.A.					
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	4	/					
7	Levi Bit*inger		Rebecca	Irour						
	13. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17, INI	FORMANT	Addre	ess					
4	110 (If yes, give war or dates of service)	13-18-2905 Jos	eph Rittinger-M	arassas. Vr.						
	1B. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).  33 / DUE TO  Conditions, if any, which gave rise to immediate cause (a), slating the under-lying cause lost.	er for (a), (b), and (c).]	escular de	cardent	INTERVAL BETWEEN ONSET AND DEATH					
)	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVE	N IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO					
	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)		. (Enter nature of injury in Port I c							
	20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour a. m While at wark	Nat while fact	CE OF INJURY (Hame, form, 20F ary, street, affice bldg , etc.)	(City or town)	(Caunty) (State)					
	21. I certify that (1) (this hospital) attend	led the deceased from	9.22 152,	to 5/14	1969 that (I) (we) last					
	sow the deceosed olive on 5:14	19 6 0, and that de	eoth occurred at DM, f	rom the causes and	d on the date stated above.					
	220 SIGNATURE	10	A.D. PHYS DIRECTO	STAFF	22b. DATE SIGNED					
	22c. PHYSICIAN'S		22d. ADDRESS		3					
	LR. MILES SIG	2. M.D.	LONACON	11116	MD					
-	230. BLR.AL, CREMATION, 236. DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY 23d.	LOCATION (City, town, o	r county) (State)					
	Burial (Specify) 5/17	Oakhill Cem.	*	onconvina	52.7					
1				onsconing						
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'D BY R	REGISTRAR   25b. REGIS	TRAR'S SIGNATURE					



# MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

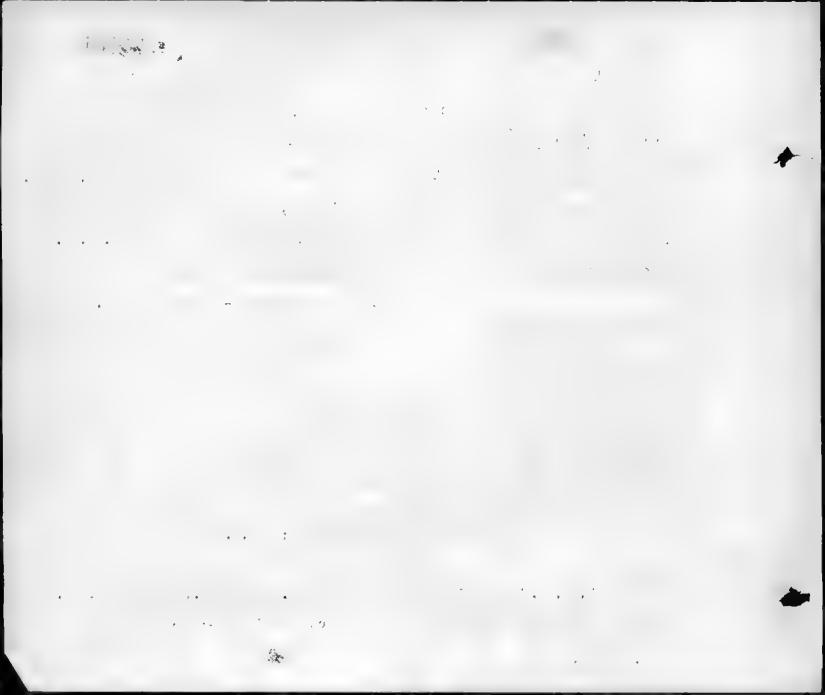
	DIAIRIOIA	OF STATISTICAL RESEARCH AND	KECOKD3	_	DAL
5	205	CERTIFICATE	OF D	EA	<b>LTH</b>

65200

1. PLACE OF DEATH G. COUNTY	LLEGANY		MARYL	H	USUAL RESIDENCE (	Where decease		institution DUNTY	Residence		dmissron)
b. CITY OR TOWN (II RURAL and give ne CUMBERL	f autside carporate limi arest fawn) AND	ts, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  CUMBERLAND						tawn}
	A WEMOR PALL I	HOSP I	TAL"	1	/d. STREET ADDRESS  5 LAING AVENUE  10 IS RESIDENCE ON A FARM? YES NO 10					ON A FARM?	
3 NAME OF DECEASED (Type or print)	RA'	YMOND	Middle LEROY	,	Last BORST	4. DATE OF DEATE	1	Manth	,	Day	Year 19 60.
S SEX MALE	6. COLOR OR RACE	7. MARRI	IED NEVER MARRIED		ATE OF BIRTH		9 AGE (In last birt			_	UNDER 24 HRS ours Min.
100 USJAL OCCUPATIO		dane 10b. I	KIND OF BUSINESS OR	INDUSTRY		-		713.	12.CITIZE	N OF WH	IAT COUNTRY?
Ftt. Condu		В	& C Railro		NEW YOR	1117	lhi		U	<u>. S.</u>	Α
JUDSON B	ORST				NANCY MO						
15. WAS DECEASED EVER (Yes, no, or unknown)	R IN U. S ARMED FOR If yes, give wer or doles of s		SOCIAL SECURITY NO.	17. INFO	MORIAL HOS	SPITAL	- CUME	Addres BERLA		D.	
	TH WAS CAUSED BY- IMMEDIATE CAUSE (c DUE TO hy, which (b)	Ca	le far (o), (b), and (c) ]	rin	- J	Lu		, (Z,	-)		AL BETWEEN AND DEATH
PART II. OTH											
	S UNDERLYING DEATH MEDICAL EXAMINER)	20b DESC	CRIBE HOW INJURY OC	CURRED. (E	nter nature of injury	in Part I ar Pa	ırt (Laf îtem	18.)			
20c TIME OF INJUR Haur a.m. p. m.	Y Manth, Day, Ye	ar 20d, 1N White at wark	Not while		OF INJURY (Home, f , street, affice bldg.,		ty or town)	rldi	I ac	elley	(State)
	TO S GNATURE Milliams					M.D. ATTENDING MED DIRECTOR PHYS 22d. ADDRESS					ated abave
230 BURIAL, CREMATIO REMOVAL (Specify) Burial		) 1960	23c. NAME OF CEME Sunset Plen			Cumb	ATION (City.	town, or	laryla	ind	(State)
24 FUNERAL DIRECTOR  John J. Ha		erlar	ADDRESS	nd	250 R	EC'D BY REGI	STRAR 2S	REGIST	RAR'S SIGN	ATUPE	

TO HOST OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be refained by the haspital or altending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the "urial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Baard of Health prior to burial, cremation, ar remaval, and in any eyest, within 72 hours after death VR A1S (4) 1SM 9/59



rs ofter death. Page 4

### MARYLAND STATE DEPARTMENT OF HEALTH E 1, MARYLAND

DIVISION	OF STATISTICAL	RESEARCH AND	RECORDS	- BALTIMOR
291	CER	RTIFICATI	E OF D	EATH

		52:	11	CERTIF	ICA	TE OF DEATH			145	20	1		
	PLACE OF DEATH b. COUNTY					2. USUAL RESIDENCE (Wh	iere decease		an Reside	nce befa	re admiss	ion)	
		llegany		MART	rland	a. STATE MARYTAND AT.T.EGANY							
	6 CITY OR TOWN (IF	autside carporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c CITY OR TOWN (If autside carparate lemits, write RURAL and give nearest tawn)							
R'	RURAL and give nea	*				X //2 777 771	<b></b>	_					
4.1	d NAME OF HOSPITA	STONE  L (If not in hospitol, g	ive street o	ddress)		RT #1 FLIN	TSDON	<u>F.</u>			e. IS RES		
	OR INSTITUTION			_		/					ON A FARM? YES 7 NO 1		
-	SACREI		1 H Y				ISTON						
	NAME OF DECEASED	Fir	\$7	Middle		Lost	4. DATE OF	Man		Do	,	Year	
_	(Type or print)		EORGE	E.		BROCKEY	DEATH		Y	29		19 60	
5. 5	SEX	6 COLOR OR RACE	7 MARR	IED 🔲 NEVER MARRI	ED 🛣	B DATE OF BIRTH		9 AGE (In years last birthday)	Manths	Davs	Hours	R 24 HRS.	
	MATE	WHITE	WIDOWE	DIVORCE		11-12-1890		69 yrs		Days	110015	743-1101	
10a	USUAL OCCUPATION	N (Give kind of work on the life, even of returned	done 10b.	KIND OF BUSINESS C	OR INDUS	TRY 11. BIRTHPLACE (State	ar foreign c	country)	12, CI1	IZEN OF	WHATC	OUNTRY?	
(	Conductor	ng me, even ir remou		E. Street	t Car	CS MARYLAN	TD .			U.S	.A.		
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	AME						
	CHE ESTOPHI	ER F. BROC	KTEY			MARGARET HU	MBERT	SON					
	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	). 17 IN	FORMANT	7 117 114 11	Addi	ress			-	
(Ye	s, no. or unknown) (1)	f yes, give war or dates of s	ervice)			PTS. CHART							
=	18. CAUSE OF DEAT	W (Fater only one co	use per lie	se for foil (b) and (c)	1	TID. OIMU				INT	RVAL BE	TWEEN	
		H WAS CAUSED BY.	ore per til	to tot top top and to	1	1, 7 11	01.0			ONS	ET AND	DEATH	
	# 1	IMMEDIATE CAUSE (o	)(	beacesea	con	head di	850 30	-			LU	16	
	4	DUE TO				4	4				1		
	Canditians, if on		(	enerati	3.01	anter octas	しのカップ				5(0	1	
	gave rise to im cause (a), stating th			0	Ψ.								
	lying cause lost.	(0	)										
N O	PART H. OTHE	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	INAL DISEAS	SE CONDITION GIV	'EN IN PA	RT 1(a) 1	9 WAS	AUTOPSY RMED?	
CAT											YES 🗍	L	
CERTIFICATION	20g. ACCIDENT WAS OR CONTRIBUTING ( (IF EITHER, NOTIFY A	☐ CAUSE OF DEATH	20b DESC	CRIBE HOW INJURY O	CCURRED	). (Enter nature of injury in I	Port I or Par	rt II af item 18.)					
MEDICAL	20c. TIME OF INJURY	Manth, Doy, Ye	or 20d IN	NJURY OCCURRED		CE OF INJURY (Home, form		y or tawn)		(Caunty)		(State)	
AEDI	Haur o. m	19	While of warl	Not while	foc	tory, street, office bldg., etc	-7						
~		10 Mhis hasaital			from	E-0.4 10	60 10	5-29	106	/2 sh	-1 /I) /	ven) Imal	

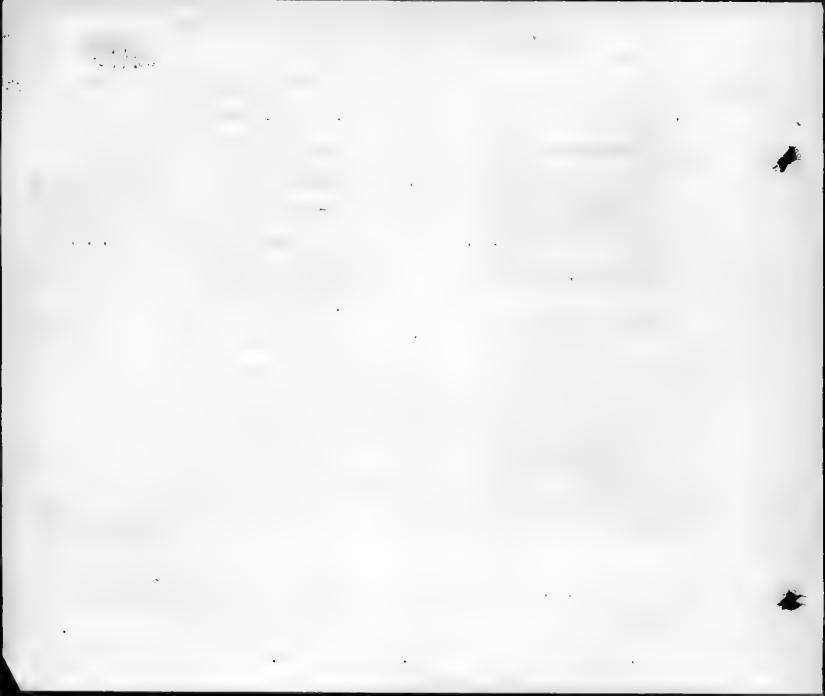
19 6-6 and that death accurred at \_\_\_\_ M, from the causes and on the date stated above. saw the deceased alive an 22a. SIGNATURE 226 DATE SIGNED MED.

22c. PHYSICIAN'S DR. L. BRINGS

23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23a. BURIAL, CREMAT ON, (State) Burial [Specify] June 1, 1960 Chancysville Methodist Chaneysville

24 FUNERAL DIRECTOR'S SIGNATURE 160 arthur S. Krana John J. Hafer, 230 Baltimore Ave. Cumberland DATE ANN 3

VR A15 (4) 1SM 9/59

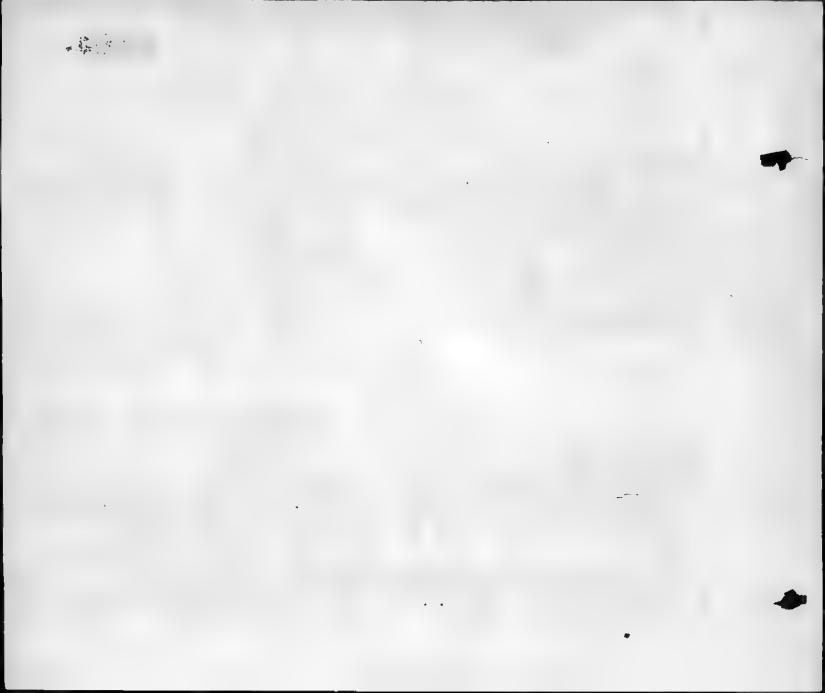


VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH

	5289	CERTIFICA	TE OF DEATH	I MORE 1, MARY	1)50	0.00
1 PLACE OF DEATH a. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (W		b COUNTY	nce before admission)
RURAL and give		Lifetime	c. CITY OR TOWN (IF		mits, write RURAL and	give nearest tawn)
	Savage PITAL (If not in haspital, give street N		d. STREET ADDRESS	Savage_		e IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle	lost	4. DATE OF DEATH	Month	Doy Year
	Carl	Edward	Burkhart		May	28th, 19 60
s. sex Male	White WIDOW	RIED NEVER MARRIED DIVORCED 🛣	8. DATE OF BIRTH	. los	is birthday) Months	Days Hours Min.
	IJON (Give kind of work dane 10b. orking life, even if retired)	KIND OF BUSINESS OR INDY				TIZEN OF WHAT COUNTRY?
		Savage Coa				USA
13. FATHER'S NAME	701000	100100	14. MOTHER'S MAIDEN			
Henry	Burkhart		Carrie	Finzel		
15. WAS DECEASED E	VER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	NFORMANT		Address	
(Yes, no. or unknown)	(If yes, give wor or dates of service)	5-10-1272	Richard Bur	khart l	Mt.Savage	e. Md.
18. CAUSE OF D	EATH   Enter only ane cause per li		richary Dur	<u>,                                    </u>		INTERVAL BETWEEN
	EATH WAS CAUSED BY:	pouts fr	a. 11 0	1.2		ONSET AND DEATH
Canditians, if gave rise to cause (a), statin	g the under-	kalif dis A. E kali — 6 ° l	The of He of	1(1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1		· · · · · · · · · · · · · · · · · · ·
PART (I. C	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE CON	IDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO D
OR CONTRIBUTION	WAS UNDERLYING   20b. DES NG   CAUSE OF DEATH FY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Part 11 of	item 18.)	
20c. TIME OF INJ	. While	Not while fo	LACE OF INJURY (Hame, far actory, street, office bldg., et	m, 20f. (City or to fc.)	wn)	(Caunty) (State)
	hat (I) (this haspital) attend ased alive an <u>Cital K</u>		death accurred at 3	A	6	, that (I) (we) last ne date stated above.
220. SIGNATURE	The Chiggs	21		MED STA	AFF YS	22b DATE SIGNED 5 31 60
22 c. PHYSICIAN'S NAME (Type	John A TExt	EK.	122d ADDRESS	when it		
23g. BURIAL, CREMAT	ION, 236 DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(Cîty, town, ar county	(State)
Burial Speci	5-31-60	Zion Luthe	eran Cemete:	ry, Acc	aident,	Md.
24. FUNSRAL DIRECTO		ADDRESS	25a. REC	D BY REGISTRAR	256 REGISTRAR'S	SIGNATURE
1 18	17	Frosthurg.	Md. DATE	nua 1 '60	Claffing	9 Krue

1 /	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIM	
ign ign	5206MEDICAL EXAMINER'S CERTIFICATE OF DEA	ATH 45808
Page 4 should be buriol, cremotian	PLACE OF DEATH  G. COUNTY  A 1 3 COUNTY  A 1 3 COUNTY  A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A	f. If Institutions Residence before admission) b. COUNTY
	MARYLAND Maryland	Allegany
necessory.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	imits, write RURAL and give nearest town)
5 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Cumberland Rural Cumberland  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  / d. STREET ADDRESS	e. IS RESIDENCE
Con is necessary in the control of t	Sacred Heart Hospital Route 5,	ON A FARM? YES A NO
-	3. NAME OF First Middle Last 4. DATE OF	Month & Day Year
une you	(Type or print) GEORGE A. CAPEL DEATH Ma;	
F Far F	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE	(In years IF UNDER TYEAR IF UNDER 24 MRS.
# to the transfer of the trans	Male   White   WIDOWED   DIVORCED   Sept. 15, 1941   18	yrs.
20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY
ond ond	Unemployed Maryland	USA
5 5 5 5	13. FATHER'S NAME	
0 % 10 0 /	George A. Capel, Sr. Elsie Dawson	
C10- 5' II   1   1	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  [Yes, no, of unburgin] [If yes, give wor or dates of service] 220 38 0027 Mr. George Canel. Round	Address
「塩油」 「 \ ・ ノ 」	no in the weeker outer, nous	
in PM3. Popermit. File	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
ecute form 1 sit per	IMMEDIATE CAUSE (6) Intracranial Henorrhage	40 Minutes
# # T # /	8/6X DUE TO	
be in in the control of the control	Conditions, if any, which to Shull Fracture	40 Linutes
ould b pencil along v burial-	(o), stating the underlying DUE TO	
# = 0 0	couse lost. (c).  Z PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND	DITION CHIEN IN CAPT 1/- 120 MAR AUTOREY
of or of or	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND	PERFORMED?
certifico pending ner's Of se used	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item	YES NO T
s ce in period	E PRIMARY LA or CONTRIBUTING □	+0.)
Thi	Automobile Accident // / / / / / S 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, form, 20f. [City or how	n) (County) (Stote)
VER: TI	Hour tottory, street, office blog,, etc.)	
整电振 o "		nd. Allegany, Maryland
EXAM writing ilef Mec IR: Pog		tion 📉 , Inquiry 📜 , and find the rmined couse 🔲 .
AL OF SECOND	death resulted from: Notural causes, Accident, Suicide, Homicide, Undeter	mined couse [_].
DIC cott	ACTUAL BOULD A STATE OF THE MEDICAL EXAMINER TO	EAST TARREST
ME sartification of	SIGNATURE ASSISTANT MEDICAL EXAMINER	
SRAI Ovol	EXAMINER'S	ay <b>Q.</b> 1960
of Coordinate Coordina	THE DAY REMAINING SALESPEED OF MICH.	City, town, or county) (State)
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REMOVAL (Specify)	
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR	24b, REGISTRAR'S SIGNATURE
VS. A15ME(5)	Byron Kight Cumberland, Md. DATE MAY 11'60	aribus S. House
5M 9/55		



520 MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessary, please exertor. Page 4 should be PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY O. STATE **b.** COUNTY Allegany MARYLAND Maryland Allegany b. CITY OR TOWN III putside corporate fimits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Cumberland 30 min. Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Sacred Heart Hospital Route 5 YESX NO 3. NAME OF Eirst Middle DATE Last Month Doy Year DECEASED (Type or print) DEATH JAMES CAPEL 19 60 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years foot birthday) IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min. Male DIVORCED \_\_\_\_\_ White WIDOWED | March 26.1943 yes. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) 12. CITIZEN OF WHAT COUNTRY? Student Maryland TISA 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME George A. Capel, Sr. Elsie Dawson Pages 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address File Give None George Capel. Route 5. Cumberland. PM3. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY Intracanial Hemorrhage 30 Minutes IMMEDIATE CAUSE (o) **DUE TO** Skull Conditions, if any, which Fracture 30 Minutes gove rise to immediate cause DUE TO (o), stoting the underlying couse last. 0 50 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO FX Examiner's 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) PRIMARYAL OF CONTRIBUTING CAUSE OF DEATH. Automobile Accident 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) writing the w hief Medical E OR: Poge 3 sh (Stole) Hour -- -foctory, street, office bldg., etc.) Not while 1950 at work of work Rt. #5 Cumberland, Allegany, Marylm 3 + 00 p. m. Mar. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry . and find that to the Chief ! Chief Accident X, Suicide death resulted from: Notural causes ... Homicide , Undetermined couse ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER FUNERAL I ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Benedict Skitarelic, N.D. DEPUTY MEDICAL EXAMINER 17 1960 220, SURIAL CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) 2 Frostburg Memorial Park May 11,1960 Frostburg, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Byron Kight Cumberland. Md. 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	5208	CERTIFIC	ATE OF DEAT	Н		Reg. philling	ME
1. PLACE OF DEATH All	egany	MARYLAND	2. USUAL RESIDENCE (W		l lived. If institution b. COUNTY	n: Residence belo	
b. CITY OR TOWN (If outside RURAL and give nearest to Cumber land	wn)	c. LENGTH OF STAY IN 16	c. city or town (# O2Cumber1		rote limits, write RL		
d. NAME OF HOSPITAL (IF no OR INSTITUTION TO 1 Fayett		oddress)	/ d. STREET ADDRESS		on St.,		e IS RESIDENCE ON A FARM? YES TO NO TX
3. NAME OF DECEASED (Type or print)	Ha <b>ttie</b>	Middle Cecelia	Lost	4. DATE OF DEATH	May	23	3', Yeer 60
remare Wn	vidowi		B. DATE OF BIRTH Dec. 31,	1871	lashbirthday)	Months Doys	Hours Min
100. USUAL OCCUPATION (Give during most of working life, HOUSEWIIE,	kind of work done 10b. even if retired)	Own home	STRY II BIRTHPLACE (Stole Baltimo				S. A.
John T. Mi	les		Unknow				
15. WAS DECEASED EVER IN U. (Yes, no or unknown) (If yes, give NO )	e war or dates of service)	1	nformant r. Edward C	. Cav	Addre ey 600 i	»Cumber Washing	rland. Mo
Conditions, if any, white gove rise to immedia cause (o), stoting the underlying couse lost.	CAUSED BY: IATE CAUSE (a)  DUE TO  (b)  DUE TO  DUE TO	ne for (a), (b), and (c).]  A COLUMN TO DEATH BUT	NOT RELATED TO THE TERM	Trem Canal DISEASE	2 condition give	ON	FRVAL BETWEEN SET AND DEATH  19. WAS AUTOPSY PERFORMED?  YES   NO   M
		CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Part	fl of item 18 )		IS NO P
ZOC. TIME OF INJURY Month Hour o. m. p. m.	While	NJURY OCCURRED 20s. PL. Not white	ACE OF INJURY (Home, form clary, street, office bldg etc	206 1540	or town)	(County)	Pre Mil
21. I certify that I at a live on 2	tended/the decease		2 , 19 , to 5 accurred at 5:00	AM, from ADDRESS (511)	the causes an	d an the da	the deceased the stated above DATE SIGNED 23/60
PHYSICIAN'S Rich	ard J. Wi	lliams M.D.	Cumberl	and,	Md.		
PEMOVAL (Specify)	/26/60	Cathedral (			ON (City, town, or timore,		(Stote) n d

Cumberland, Md.

24a. REC'D BY REGISTRAR

DATE MAY 25 '60

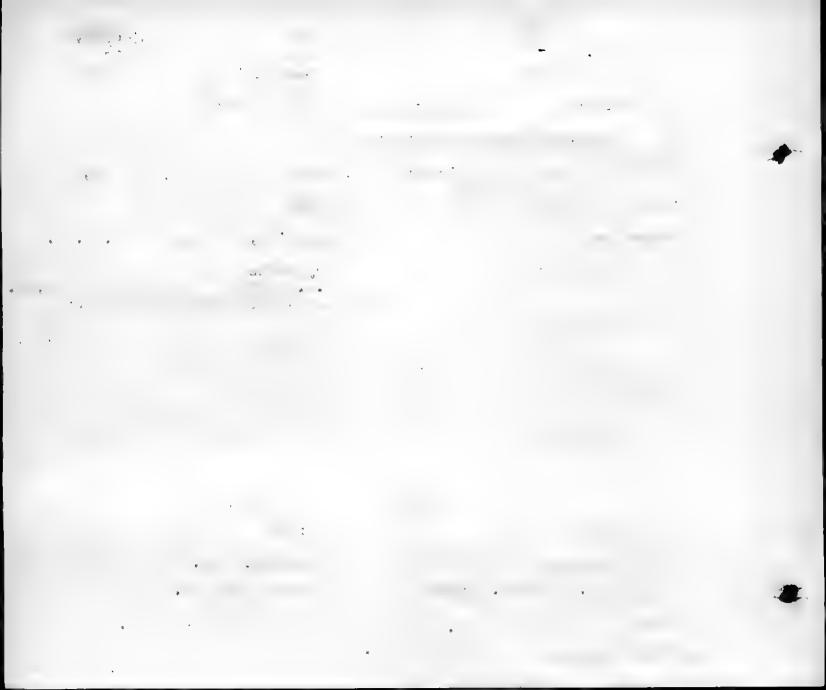
24b. REGISTRAR'S SIGNATURE

TO HOSPU TO FUND VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE Charles L. George



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO HOST LOR ATTENDING PHYSICIAN: The law requires that the desirt certificate be executed within 24 havis after death. Page 4 may be required by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, and page 3 should be detached for use as the burial-transit permit. Then please remave carbon popers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death.

M

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 5210

1159115

1									
J	1 PLACE OF DEATH  G. COUNTY  MARY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY							
	ALTECAME	MARYTAND GILEGAMY							
	b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY	c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)							
	RURAL and give nearest town)								
. '	CUMBERLAND	CUMBERLAND							
)	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. 1S RESIDENCE ON A FARM?							
_		208 Fayette St. YES NO NO							
	SACRED-HEART-HOSPITAL								
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year							
	(Type or print)	COLUMN DEATH MAY 3 1960							
	E CEN ( COLOR ON DISCOUNTY TO THE								
	5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIE	B DAJE OF BIRTA 9. AGE (In years   IF UNDER 1 YEAR IT BINDER 24 FIRS last birthday) Manths Days Haurs Min							
	MALE WHITE WIDOWED DIVORCE								
	10a_USUAL OCCUPATION 7 Give kindraf warly dane 10b KIND OF BUSINESS O								
	theying most of working life, even if retigied-	a transfer to militariae familia at mostly							
	Welliest Harmest Ling	MARVIAND U.S.A							
	13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	WITH TANK DOT								
-	WILLIAM COLEMAN	CATHERINE FRIELS							
	S WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO	17. INFORMANT CATHERINE FRIELD							
	Yes, eq. or unknown) [If yes, give war or dotes of service) 3/9//2-494	3 mas Truck a Color Comment of March 1991							
	1 1/6	Milar Jerua Cerman Jano 1110							
-	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).	INTERVAL BETWEEN							
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH							
	IMMEDIATE CAUSE (a)	ent organical							
	DUE TO								
	Canditians, if any, which )	Themselves )							
	agye rise to immediate	707077700							
	cause (a), stating the under. DUE TO	1							
	lying cause last. (c)	sclerous until							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY							
>-		PERFORMED?							
1	3 Old Cerebral Voscalar or	election from Certecoschool YES & NO []							
	200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OF OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of injury in Part I or Part II of item 18 )							
	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. While Nat while	20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) (Caunty) (State) factory, street, affice bldg., etc.) !							
	Haur a.m. While Nat while p. m. 19 at wark at wark								
		70 200							
	21 I certify that (I) (this-hespital) attended the deceased	fram. Dec . 1959 to 300 perce . 1960, that (1) (we) last							
	saw the deceased alive an 30 april 19 60 and	that death occurred at 3M, from the causes and an the date stated above							
	22g SiGNATURE	22b DATE							
	10m 1 201	A ATTENDING . MED STAFF SIGNED							
	a. " I teleast you	M.D PHYS DIRECTOR PHYS							
	22c. PHYSICIAN'S	22d ADDRESS							
	NAME (Type) DR. L. GLICK.	126 n. SMALKWOOD St.							
	230 BLR AL, CREMATION, 236 DATE THEREOF 23C NAME OF CENT	ETERY OR CREMATORY 23d LOCATION (C.ty, towns or county) (State)							
	Built 5/6/60 St. a.	recho ( um / umberlund ) XX.							
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY-REGISTRAR 256 REGISTRAR'S SIGNATURE							
		mx .							
	Jours Atem Suc ( unt	DATEMAY 9 160 Conthur S. Kraus							



age 4	rector	page 3 should be detached far use as the burial-transit permit. Then please remake carbon papers. Pages 1 and 2 should be filed with	1
eath. F	500	be file	1
fler d	he fire	hauld	
Aurs o	i Sd	2 puc	
in 24	100 P	ges	eath.
■ with	ylataly	ri. Pa	ofter d
execute	500	pape u	haurs
te be	001	carba	hin 72
erfifica	nh ccir	emave	ent wit
eath c	on jour	lease r	ony ev
t the d	the att	Then p	and in
res tha	be by	ermit.	aval,
regui	en elor	insit pe	or ren
The lay	physic	rial-tro	natian,
ANE	lending Ficole	the bu	al, crer
IIIYIIIC	l ar at	Use as	ta buri
BNE	After 16	ed far	prior
MILL	TOP.	detach	Health
LOR	Diped to	old be	the State Board of Health prior to burial, cremation, ar remayal, and in any event within 72 hours after death
Ŝ	bey ek	3 sha	late Ba
10 HOS IL OR ATTENDING FILTINGIAN: The law requires that the death certificate be executed within 24 10 Urs after death. Page 4	SV may be etained by the hospital or attending physician.	page	the S
VR 1S	A1S	(4) /59	

ALOR ATTENDING FILTEICIAN: The law requires that the death certificate be executed within 24 thurs after death. Page 4

L.,		UNA.	4	CERTIFIC	AIE	OF DE	AIII						
1	PLACE OF DEATH				2.	USUAL RESIDE	NCE (When	e deceased	d fived. If institute	an-Reside	nce befo	are odmi:	ssion)
	a. COUNTY AL	LEGANY		MARYLAN	ND	a. STATE M	ARYLA	ND	b. COUNTY	ALLE	CANIV	,	
		f autside carporate lim	its, write	c. LENGTH OF STAY IN	1b				rote limits, write F				rn)
	CUMBERL	AND		I HR. 45 MI	N.	× cr	ESAPT	OWN					
Г	d NAME MORGAN	E"HOSPITAL	give street	address)	1	d. STREET ADD	ORE SS					e IS RE	SIDENCE A FARM?
L	MEMORIA	L & WARWIC	K AVE	S.		Crad	dock	Roa	d				NO [X
3.	NAME OF DECEASED	Fil		Middle		Lost	4	I. DATE	Mod	nth	Do	зу	Year
	(Type or print)	GRA	CE			COX		DEATH	MAY		13		19 60
٤.	SEX	6. COLOR OR RACE	7 MARE	RIED NEVER MARRIED	B. D.	ATE OF BIRTH			9. AGE (In years last-birthday)	Months		-	DER 24 HRS
	FEMALE	WHITE	WIDOW	ED DIVORCED		OV. 22.	189	3	66 yrs	Monins	Days	Haurs	Min.
10	USUAL OCCUPATIO	ON (Give kind of work ling life, even if retired	dane 10b.	KIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLAC	CE (State or	fareign c	ountry)	12 C!T	IZEN O	F WHAT	COUNTRY
	Housewi	fe,	"   (	)wn home		PATTE	RSON	CREEK	W.VA.	U.S	S.A.		
13.	FATHER'S NAME				14	MOTHER'S M	AIDEN NA	ME					
	SEYMO	UR BALDWIN				MAR'	Y ABE						
	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	7. INFOR	MANT	••		Add	ress			
1	No,	(If yes give wor or dates of a	Hervice)	None	MEMOR	RIAL HO	SPITA	L	CUMBERLA	ND. N	4D.		
	18. CAUSE OF DEA	TH [Enter only one co	ouse per li	ne for (a), (b), and (c).			۰		-		INT	ERVAL B	ETWEEN
		TH WAS CAUSED BY.	,		ilu	1 /4	to.	, 4,	M. J.		OM	SET AN	DEATH
	11 3	DUE TO	,	1	# ( , u )	4	1-	4/64	- /			6	-6/2
	Conditions, if a	ny which )		1 1 1 .	1/5	18.	/.	1.	77"	1/2	13	2 .	
	gave rise to in	mmediate (		1167603	4	11/21	(/>,	4.5 2	to literate to	<u> </u>	in to		at y Ca
	lying cause last.	ine under-											
z		J (c IER SIGNIFICANT CON		CONTRIBUTING TO DEATH	BUT NO	RELATED TO T	HE TERMINA	AL DISEAS	E CONDITION GIT	VEN IN PA	RT I(a)	19. WAS	AUTOPSY
CERTIFICATION	1'66 G	Edylie L	26.	reles di-	/	1. 4 - 1 7		ng Dibeng	e constitution of		(1)	PERF	ORMED?
THE	20a. ACCIDENT WA	S UNDERLYING	20b DES	CRIBE HOW INJURY OCOL	JRRED. (E	nter nature of j	njury in Par	rt I or Par	t It of item 18.)				
CER	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)		· ·									
3	20c. TIME OF INJUR	Y Manth, Day, Ye	ar 20d. 1	NIURY OGCURRED 200	PLACE	DF INJURY (Ha	me, farm,	20f. (City	or lawn)		(County)		(State
MEDICAL	Hour-o-m	19	While of war	Not while	tactary,	street, affice b	ldg., etc.)						
-		2 / D / Al-S- L					105	3. 1	137 80 1	3 10/	1000	4 713	
			- 1.0	ded the deceased fro			4.15	PM	47-4 mm-k-,	2., 196	ZL, II	iar (i)	(we) las
	220 SIGNATURE	ed alive an	-l++	2. 19.00 and the	at deat	n occurred	ol' • • AV	a, from	the causes ar	nd an th	e date	e state	d abave 25 DATE
	· 1(C)	110171			M.D	ATTENDING	MED	CTOR 🗆	STAFF PHYS.	-	114	2/6	SIGNE
	22c. PHYSICIAN'S	College James	- C - S	All the same of th	PALO	22d. ADDRÉSS		CIOK L	rn13. 🗀	,		100	/
	NAME (Type)	R. S. G. W	/E I SM/	AN		59 GF	REENE	ST.	CUMBERL	AND	MD.		
27	BURIAL, CREMATIO			23c NAME OF CEMETER	V 00 C0							154	
43	REMOVAL (Specify)			Hillcrest	Bur		rk		TION (City, town, nberlan			lan	_ *
24	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			5a REC'D			STRAR'S S	GNATU	RE	
	Charles	L. George	e C	umberland.	Mar	vland.	A MAY	181	60 C	willing &	. / (44	Name .	



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5212

**CERTIFICATE OF DEATH** 

1. PLACE OF DEATH a. COUNTY	MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE liaryland b. COUNTY Allegany										
b. CITY OR TOWN (I	c. LENGTH OF STAY IN	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)										
	Cumberlan		11 mo.,14	da.			rland					
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION					d. STREET ADDRESS					e. IS RESIDENCE ON A FARM?		
	Sylvan	Ketre	eat		734	Hary	land	Avenue			□ NO 🔼	
3. NAME OF DECEASED	Fin		Middle Grover		Lost		4. DATE OF	Ma	Manth		Year	
(Type or print)		rles			Crawford		DEATH	La				
5. SEX		7- MARR	HED THEVER MARRIED		B. DATE OF BIRTH			9. AGE (In years last birthday)				
Male	White	WIDOW	24		3/4/85			75 yrs.		Days Hou	urs Min.	
10g. USUAL OCCUPATION during most of work	ON (Give kind of work a king life, even if retired)	dane 10b.	KIND OF BUSINESS OR	INDUS	STRY 11. BIRTHPL	CE (State o	or fareign ca	untry)	12 CITI:	ZEN OF WI	HAT COUNTRY?	
Fireman			City of Cumb	erl	and Bur	lingt	on, W	. Va.	U.	S.A.		
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N						
	Charles Cra						Mel:	issa Jan	e Moor	e		
15. WAS DECEASED EVE	R IN U. S. ARMED FOR Iff yes, give wor or dates of a		SOCIAL SECURITY NO.	17. B	NFORMANT			Add	ress			
		2	213-24-6448	In	stituti	on Re	cords					
Conditions, if o		3	22 7248	ch	ral There	leen Ld	corr Jeger	lags.	ion.	INTERVAL ONSET A	BETWEEN ND DEATH	
lying cause last.	gave rise to immediate course (a), stating the under- lying cause last.  DUE TO  450 General arterio clerozio								>			
IL CATE	3226	pri	once al	CR,	Milson	<b>⊢</b> ′			VEN IN PART	PEI	AS AUTOPSY RFORMED?	
	MEDICAL EXAMINER		CRIBE HOW INJURY OCC									
20c. TIME OF INJUR Hour a.m. p. m.	Y Manth, Day, Yea	While	Nat while  k at work	Oe. PLA foc	ACE OF INJURY (Fritary, street, affice	bldg., etc.)			·	ounty)	(State)	
alive an	James E	112	ed from Sulli Es, Land that d Defeau Lean, M.D.		accurred at_	Grea	M, from	eel, city or tewn,	and an the	e date st		
220 BURIAL, CREMATIC	N, 22b. DATE THEREO	F	22c. NAME OF CEMETI	ERY OF	R CREMATORY		22d. LOCAT	ION (City, tawn,	or county)	(5	itale)	
REMOVAL (Specify) Burial	May 26,	1960	dillcrest	Bu	rial Par	rk	Cumbe	rland.	Maryl	land		
23. FUNERAL DIRECTOR			ADDRESS			24a REC'0	RY REGISTE	AR 24b. REGI	STRAR'S SIG	NATURE		
John J. Ha	fer, Cumbe	rlan	d, Marylan	d.		DATE M	AY 31'	60 (	withing B.	Times		

EMYSICIAN: The lam remaires that the death certificate be exempted within 24 hisurs after death. Page 4 O FUNEXAL DIRECTOR: After this certificate has been signed by the ottenuing physician and manufetely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave corbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death. TO FUNEX

4 2

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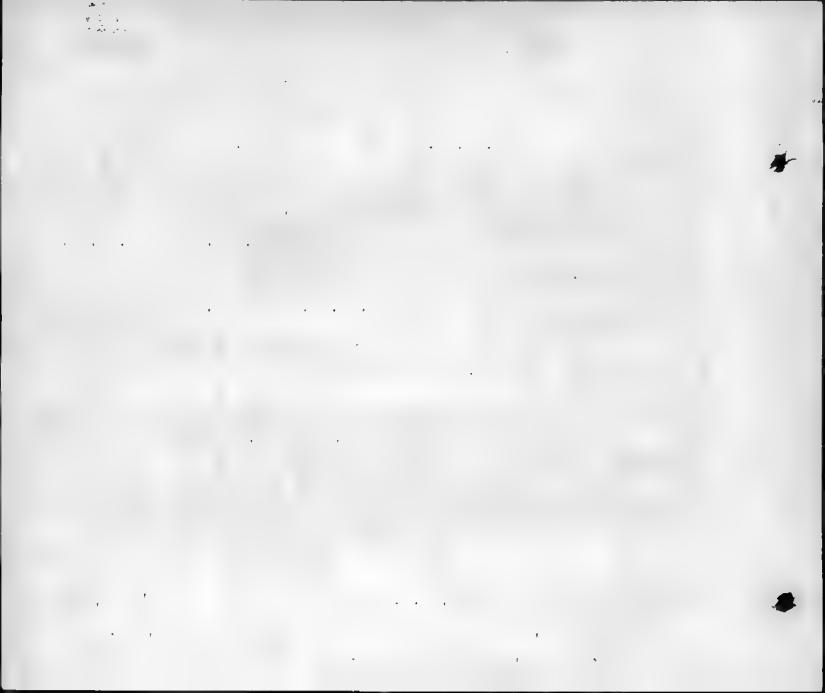
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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18										
8		52 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 115910										
should be		1, PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)										
2 4 2	M	Allegany MARYLAND O. STATE Maryland b. COUNTY Allegany										
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)										
		Cumberland  Cumberland  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE										
\$ 1.4E	13	ON A FARM?										
	1	Memorial Hospital - D. O. A.   29 Poplar St. Bowling Green   YES X NO   3. NAME OF First Middle Loat   4. DATE Month Day Year										
gist,		OF DECEASED (Type or print) Joann Bonita Crawford DEATH May 28 1960										
1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years less birthday)										
± 0 ±		Female White WIDOWED DIVORCED April 14. 1960 yrs. Months Pays Hours Min.										
d 3 Z ¥ iii	1	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?										
2 8 9		Infant Cumberland, Md. U.S.A.										
		13. FATHER'S NAME										
ages 1, ge 5 mo pages 1		Charles E. Crawford Joyce Beedle  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  Address										
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(Yes, no, or unknown) (If yes, give war or dates of service)										
		No None Mr. C. E. Crawford, Bowling Green  [18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]										
		PART I. DEATH WAS CAUSED 8Y: 5 OF THE COMPANY OF TH										
for for sit p		MAMEDIATE CAUSE (6) AORTIC STENOSIS, PATENT FORAMEN OVALE (since birth										
in With		Conditions, if ony, which) (b) CONGENITAL ANOMALY										
- da 5		gave rise to immediate couse (a), stating the underlying  DUE TO										
o buri		couse lost. (c)										
6 ± 6	*	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?										
pending ner's O	>	ASPITATION OF STOMACH CONTENTS, MINIMAL, TERMINAL YES KIX NO										
aminer		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  ASPITATION OF STOMACH CONTENTS, MINIMAL, TERMINAL  200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING DISCOVERED. (Enter nature of injury in Part I or Port II of item 18)  CAUSE OF DEATH.										
he war ical Ex 3 shor		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED While Not while of work of work of work of work 19 of										
70 9												
writing lief Mer 08: Pag	276.	21. I certify that I took charge of the remains described above, held an Autopsy XX Inspection XI, Inquiry XX and find that										
\$ 5 <b>2</b>	الم	death resulted from: Natural causes										
to the Chief DIRECTOR: F		ACTUAL SIGNATURE SIGNATURE SIGNATURE SIGNATURE OF SIGNATU										
certic ed to AL D		SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER										
river ded FUNERAL r removol.		EXAMINER'S NAME (Type) BENEDICT SKITARELIC. M.D. DEPUTY MEDICAL EXAMINER (D. MAY " 28, 1960										
2 2 2 2		220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)										
5 ° 2 °		Burial May 31, 1960 Restlawn Burial Park Cumberland, Md.										
S. A15ME(5)	V	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  Charles L. George, Cumberland, Md.  240. REGISTRAR 246. REGISTRAR 246. REGISTRAR 3. Finance										
5M 9/55	×	DATE DATE										
1 price	6,100	2-603332V3										



VR A15 (4) 15M 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH DEVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

(f)	-	0	4	4
U	5	Z	1	7

-											
1.	PLACE OF DEATH a. COUNTY			MARYL	LARS	, USUAL RESIDENCE (W o. STATE		b. COUNTY			dmission)
$\vdash$	ALLEGAN			c LENGTH OF STAY II		WEST VIRGIN  a. CITY OR TOWN (IF			INERAL		- American I
	RURAL and give ne		is, write		1 ID	E. CITT OR TOWN (IF	autside carpo	rgre limits, write k	OKAL ana g	8 4	V Comity
$\vdash$	CUMBERLAN	AL (If not in haspital, g		10 DAYS		d. STREET ADDRESS				10.0	S RESIDENCE
-		MEMORIAL H					PSHIRE	STREET			ON A FARM?
·	-MEMORIAL	&-WARWICK-	AVES								
3.	NAME OF DECEASED	Fig		Middle		Lost	4. DATE OF	Mar	ith	Day	Year
	(Type or print)	ET'		<u>E</u>	-1-	DAVIS	DEATH	0.405/	TIETINGER	1 VEAPLIE	1960 UNDER 24 HRS.
5.	SEX		1	RIED NEVER MARRIED	_	DATE OF BIRTH		9. AGE (In years last birthday) yrs			aurs Min.
_	FEMALE	WHITE	WIDOWI	- Ad-		JUNE 23,			In Citi	751105140	TATE COLLA ITEM
10	during most of wark	IN (Give kind of wark of ng life, even if retired)	dane 10b.	KIND OF BUSINESS OR	INDUSTR				12, CITI		S.A.
							Virgi	nia		0.	Jene
13	FATHER'S NAME					HARRIET.					
-		TOPHER HOT	2720		17. INFO			Add			
	WAS DECEASED EVER	CIN U.S. ARMED FOR If yes, give wor or dates of s		SOCIAL SECURITY NO.		MORIAL HOSP	ΙΤΔΙ		1BERLA	ND. M	n.
					(-16-1	TONTHE HOST	11716		1001101		
			use per h	ne for (a), (b), and (c).	2	20		04			AND DEATH
	PART !. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). A TO THE STATE OF TH										
	422	DUE TO	10	1. 1	5	16	the said				
1	Canditions, if any, which gave rise to immediate (b)										
	cause (a), stating the under. DUE TO										
-,	lying cause last. (c) (C										
ģ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DIRECT CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?										
N S			DAI - F-			1	D 11 . D	. 11 -6 ' 10 )		YE.	S NO Z
CERTIFICATION		S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	Enter nature at injury in	rarriar roi	rr () or (rem (e.,)			
MEDICAL	20c. TIME OF INJURY	Y Month, Day, Yes				OF INJURY (Home, far y, street, affice bldg., et		y ar town)	(0	Caunty)	(Stote)
WE	p. m.	.— 19	While at war	rk at work		1/	Cu	cherte	Ing 6	the	1971
	21. I certify tho	t (I) (this haspital	1 attend	ded the deceased f	rom	15/66.19	9 ta_	5/23/6	6 19	, that	(I) (we) last
7		ed alive an		19 , and t		th accurred at21	201, AMm	the causes ar	nd an the	date st	ated above.
1/2	226. SIGNATURE	1 0/1	1///	-7	200						22b DATE SIGNED
		Male	llu		Um.	D. PHYS.	MED. DIRECTOR	STAFF PHYS.			3701120
	22c PHYSICIAN'S NAME (Type)			4115		22d. ADDRESS					
		DR. R. J. 1	MILLI	AMS		122 50. (	CENTRE	STREET,	CUMBER	LAND,	MD.
23	BURIAL, CREMATIO REMOVAL (Ilipecify)	N, 23b, DATE THEREC	)F	23c NAME OF CEME	TERY OR	REMATORY		TION (City, town,			(State)
	Burial	Mar 25	/60	Philos	Ceme	etery		sternpol		d.	
24	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	7.7 7		D BY REGIS		ISTRAR'S SIC	TURE	
6	N.TU	aure M	1	Piedmont,	W	DATE	IAY 31"	00 0	yuu-1 20		

VR ATS (4) TSM 9/59

M	T, PLA
	b. C
	d V
	3. <b>NA</b> /
	s sex
	10o US du
	13. FAT
	IS. WA
	18.

	21/4	19	CERTIFICA	VIE OF DE	AIH		1.02	110
I. PLACE OF DEATH					ENCE (Where dec	eased lived. If institut		before admission)
o. COUNTY	ALLEGANY		MARYLAND	o. STATE	MARYLAND	b. COUNT	ALL	EGANY
b. CITY OR TOWN	I (If autside carporate limit	, write c. LEN	IGTH OF STAY IN 16		OWN (If outside o	arparote limits, write	RURAL ond giv	e nearest town)
KUKAL ond give	CUMBERLAND	- 11	DAYS	4- W	ESTERNP(	ORT		
	MEMORT'AL' HO	SPICT Address)		d. STREET AD	ORESS			e. IS RESIDEN
MEMOR	IAL & WARWIC	K AVES.	,		HILL TOP			YES NO
NAME OF	First	-	Middle	Last	4. DA		nth	Day Yeor
(Type or print)	H	IOWARD	J.	DAVI	S DE		AY	28 196
SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years		YEAR IF UNDER 24
MALE	WHITE	WIDOWED [	DIVORCED _	JULY I	7	lost birthdoy) 2 yrs	Months D	ays Hours M
	TION (Give kind of work d	one 10b KIND C	F BUSINESS OR INDI	USTRY 11 BIRTHPLA	CE (State or forei	gn country)	12. CITIZE	N OF WHAT COUN
***	m in the	F.	mount	MAYS	SVILLE, V	V.VA.		U.S.A.
3. FATHER'S NAME	7			14. MOTHER'S /				
	GEORGE DAVI	S		VINEY	VICTOR	IA KEPLINGI	£R	
S. WAS DECEASED E	VER IN U. S. ARMED FORCE		SECURITY NO 17	INFORMANT		Ad	dress	
W.C	[11 ] 502 9 70 100 100 100 100 100 100 100 100 100		N	MEMORIAL H	OSPITAL,	, CUMI	BERLAND	, MD.
18. CAUSE OF E	DEATH [Enter only one cou	se per line for (o	), (b), and (c).]					INTERVAL BETWEE
PART I. D	PEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cerebro	-vascular	accident	(Embolus	g).		3 days
1 730	DUE TO							
Conditions, if		Auricul	lar Fibrill	Lation				??
gove rise to cause (a), statir								
lying couse for		Coronar	y arterial	L aclerosi	s; Myoca	ardial fib:	rosis	??
PART II.	THER SIGNIFICANT COND	OTTIONS CONTRIB	BUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL D	SEASE CONDITION G	VEN IN PART 1	I(o) 19. WAS AUTO
J Uremia:	Peripheral	vascular	insuffici	ency, rie	ht			YES NO
V PART II. C Uremia: 200 ACCIDENT III OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING   1	20b. DESCRIBE H	OW INJURY OCCURR	ED. (Enter nature of	injury in Part Lo	r Port II of item 18.)		
	FY MEDICAL EXAMINER)							
20c TIME OF INJ				LACE OF INJURY (Hactory, street, office		(City or town)	(Ca	unty) (S
₩ pn	10	ot work   of						
21. I certify t	hot (1) (this hospital)	attended the	e deceased from	May 17	1960	to May 28	19.60	t, that (1) (wg/)
	eased glive onMa		9_60, and that					
22a. SIGNATURE								22b DA
- Aller and a second	Kenne	trong	ma	M.D PHYS	MED.  DIRECTOR	STAFF	May	28, 1960
22c. PHYSICIANS NAME (Type		TACOPPOS	7 N D	22d. ADDRES		CD CIRC	FT) 7 4 3 770	100
	SAMUEL M.	JACOBSON	y Ma- Da	50 F	THOHLING	ST., CUMB	ALTWIND,	MD.
230 BURIAL, CREMAT	TION, 236 DATE THEREO	23c	NAME OF CEMETERY	OR CREMATORY	23d L	OCATION (City, fown.	or county)	(State)
La revere	1. 3/3/6	C 40	24mans1	11/12 -	en L	ahmansc	1//e	VI.Va
24. FUNERAL DIRECTO	OR'S SIGNATURE		DDRESS	. 1	25a REC'D BY RI		SISTRAR S SIGN	NATURE
A TY	4.5	Westa	KNDOKT	Mid	DATE JUN 3	'60	sitted of	/ USAMA



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5216 MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian 4 should 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) PLACE OF DEATH b. COUNTY 1 1 emany a. COUNTY Allemany a. STATE MARYLAND buriol, b. CITY OR TOWN (If outside corporate limits, write BURAL E LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give nearest town) Cimberland Mesternnort ٥ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? 208 Vine YES TO NO K NAME OF Middle 4. DATE Month Doy Year DECEASED Genrae Washing Dayton (Type or print) DEATH May 19 60 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. be retoined to Male White Jura 26, 1878 Hours WIDOWED [7] DIVORCED [7] yrs. 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) puo Farm Maryland puo U.S.A. HOY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Poges 1. George W. Dayton Fanny Cole Page 5 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Marshall Dauton-Vesternmort, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Peritonitis 3 davs IMMEDIATE CAUSE (o) Office along with for DUE TO Conditions, if any, which Gangrene of bowel gave rise la immediate cause **DUE TO** (a), stating the underlying Strangulated hernia cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY used os PERFORMED? YES TO NO 20g. EXTERNAL CAUSE WAS PRIMARY | gr CONTRIBUTING | CAUSE OF DEATH. 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) writing the word 'hief Medicol Exami MEDICAL 20e. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc. d. m. Not while at work of work D. m. 21. I certify that I tack charge of the remains described above, held an Autapsy T. Inspection T. Inquiry T. and find that Chief to the Chief Accident , Suicide , Hamicide , Undetermined cause . death resulted from: Natural causes 17. DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER orwarded to ASSISTANT MEDICAL EXAMINER **EXAMINER'S** SKITARELIC. DEPUTY MEDICAL EXAMINER NAME (Type) BENEDICT May 22, 1960 370 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 Westernoort MA Philos ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. A 1SME(S) Westernmart. Md.

5M 9/55

DATE



VS A1S (4) 1SM 10/S7

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5292 **CERTIFICATE OF DEATH**  1.5214

1. PLACE OF DEATH O. COUNTY Allegany MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. b COUNTY Alloways								
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 16  Parton  9 Yrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  XBanton								
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	/ d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \sum \ NO \( \sum \)								
	enfleer 4. DATE Month Day Year OF DEATH 15077 11 19 60								
Male White WIDOWED DIVORCED	Mar. 8, 1888  9. AGE (In years of JUNDER 1YEAR IF UNDER 24 HRS)  Months Days Hours Min.								
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	Penn. 11. SIRTHPLACE (Slate or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A.								
13. FATHER'S NAME Edward Deniker	Not Known								
(Yes no se unknown) . If you make a detail a control	NFORMANT Address Ita D. Preston-Rorton, Md.								
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO								
Haur e. m. 19 While Not while of work 19 of work	ACE OF INJURY (Home, farm, 20f (City or town) (County) (State) lory, street, affice bldg , etc.)								
alive an 1900, and that death	ACTUAL SIGNATURE OCH PHYSICIAN'S D. (D. ) AL' COMMON ALL D. ALL ST. PIRCHARM W. V. 5-5-60								
220. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR Seliching Com	(300)								
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  "Jesternnort, Md	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE								



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND S217 CERTIFICATE OF DEATH

05215

		PLACE OF DEATH					2. USUAL RESID	ENCE (Wh	ere decease	d lived. If institut		ence befo	re admissi	on)
			EGANY			rland	4 14	RYTAN			ALL"			
	Ŀ	<ul> <li>b. CITY OR TOWN (if RURAL and give ne</li> </ul>	i autside carparote limit arest tawn]	ts, write	LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If a	ulside corpo	orate limits, write	RURAL and	give nec	rest tawn	)
		CHMBERI			16 hrs.		CUME	RERLAI	D.					
2	C	d, NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION					d. STREET A	DDRESS				1	IS RESI     ON A	FARM?
	_	SACPE	D HTART H)	STATAL	<u>.</u> Li		329	AYFI	TE ST	Lit			YES	NO []
		NAME OF DECEASED	Ein	st	Middle		Lasi		4 DATE OF	Mo	nth	Do	,	/eor
		(Type or print)	JOHN		RANDOLPH		DICK	SR.	DEATH	. i.A		L		9 60
	\$. \$	SEX	6. COLOR OR RACE	7. MARRIE	DEVER MARRI	ED B.	DATE OF BIRTH	1		9. AGE (In years last birthday)	IF UNDE Manths		IF UNDE	R 24 HRS. Min.
		TATE	WHITE	WIDOWED	DIVORCE	D S	ept. 2	6,18	72	87 yrs		Days	Haurs	MIN.
	10a.	. USUAL OCCUPATIO	N (Give kind of work a	done 10b Ki	ND OF BUSINESS C	OR INDUST	RY 11. BIRTHPL	ACE (State)	ar fareign c	ountry)	12 CI	TIZEN OF	WHATC	OUNTRY?
	]	Retired	ing life, even if retired) Electrici	an (	Celenese	Cor	p.	MARLT	a.D			U.S	5.A.	
	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
		WILLIA	LIVINGSTO	יין דיין דיין	ζ		J	ANE PA	ATRICK					
			IN U. S ARMED FOR	CES? 16. SC		17 INF	ORMANT			Ad	iress			
	/"	No	ir yes, give war or ooies or s		4-07-500	2 Mr	s. Joh	n Di	ck.	328 Fav	ette	St.		
_		1B. CAUSE OF DEA	TH [Enter anly one co	use per line	far (a), (b), and (c)				,			INT	RYAL BE	TWEEN
		PART 1 DEA	TH WAS CAUSED BY-	. C	on oste	ne.	Heart	Fa	Len	<u>-</u>			ET AND	2
		453	DUE TO		- 4								1	
		Canditions, if or	ov. which )	. h	he would	ie	Des as	0~4	100					
		gave rise ta in	nmediale ( DUE TO		1	_	7							
		cause (a), stating t lying couse last	the <u>under-</u>	1	orthan	Cin	Ken D	was	e					
	Z.	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THETERMI	NAL DISEAS	E CONDITION G	VEN IN PA	RT I(a) I	9 WAS	ALTOPSY
9	CERTIFIC ATION	Osx	en ather	o										RMED?
	TIFIC	20g. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b DESCR	RIBE HOW INJURY O	CCURRED.	(Enter nature o	f injury in F	art I ar Pai	rt II of item 18.)				
	CFR	(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
	CAL	20c. TIME OF INJUR	Y Manth, Doy, Yes	ar 20d INJ	URY OCCURRED		E OF INJURY I			y ar fawn)		(County)		(State)
	MEDICAL	Haur a.m	19	While at wark	Nat while	facto	ry, street, affice	bldg., etc.	) [					
	V		. 41) 411 1 1 1 1				2/,	10	60 .to_	57K	10	CO 11		we) last
			t (I) (this hospitol	) offende	1		/							
Ä		sow the deceos	ed alive on	<del>-/</del>	I9 , onc	that de	ath occurred	1 012	WY, from	the causes a	nd on th	ne dote		DATE
		THE SIGNATURE	1 XX	20			ATTENDING			STAFF PHYS			11.11	SIGNED
		22c. PHYSICIAN'S	20 A	en (	14	М	D PHYS		RECTOR	PHY5			17	la d
		NAME (Type)	DD 7 11 T	1777				1 -1/ -	יו ניינדון דן	יים מיים מיים	-di			
	22	B IOLU CREUZE	Uita Jaha I	,ISY			CDELLATOR"	456	T CITY					
	230 T	BURIAL, CREMATO REMOVAL (Specify) BURIAL	N, 23b DATE THEREC		23c NAME OF CEM	_				TION (City, town		)	(State	8)
			May 6.1	960		er's	Cemet			sternpo		Md.	DE	
		Charles			ADDRESS	n d	MA		D BY REGIS	TRAR 2S5. REC	ISTRAR'S	NANOR	KE	
		ONGITES .	L. George	1	Cumberla	HU.	Md.	DATE	AV_O	'60	7 // -	0 40		

ers after death. Page 4 r the attending physician and campletely filled An by the funeral director. Then please remove carbon papers. Pages 1 and 2 shauld be filed with LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hg. TO HOSP COR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 lawy by an ead by the haspital or attending physician.

TO FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached for use as the burial-trans; permit. Then please remaye carbon papers. Pages 1 the State Board of Health priar to burial, cremation, ar remayal, and in any eyent, within 72 haurs after death.



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

5218

05216

- 1			97720									
		LACE OF DEATH	LLEGANY		MARY	LAND	2 USUAL RESIDENCE (W) o. STATE MARYL		d lived. If institution b. COUNTY	on: Residence be		ission)
	- h		If outside corporate limi	ts write	c. LENGTH OF STAY	INI 16	c. CITY OR TOWN (If a		ente timite vente P		* *	wn)
		RURAL and give in	earest town)	is, wille	13 DAYS		CA CUMBE		rule timits, write k	OKAL ONG GIVE I	epresi to	with
	-	NAME OF HOSPI	TAHOSP'I TOPICOL	ive street			, d. STREET ADDRESS					SIDENCE
		MEMORIAL	& WARWICK				1217 FRE	DERICE	ST.			A FARM?
	3. N	NAME OF	Fir	's†	Middle		Lost	4. DATE	Mon	th (	Day	Year
	(	DECEASED Type or print)	LEL	.IA	Α.		DICKERHOOF	OF DEATH	MA.	Y 18	3	19 60
	5. S	EX	6 COLOR OR RACE	7 MARE	RIED 🔲 NEVER MARRI	ED 🔲	8 DATE OF BIRTH		9 AGE (In years lost birthday)	Months Davi	_	
	_	FEMALE	WHITE	WIDOWI	Land .		MARCH 11,18		70 yrs.			
	10a	USUAL OCCUPATE during most of wor	ON (Give kind of work -	done 10b.	KIND OF BUSINESS C	R INDUS	STRY 11. BIRTHPLACE (Stote	or foreign c	ountry)	12. CITIZEN	OF WHAT	COUNTRY?
		Haus		<b>'</b>			CUMBERLA			U.S	S.A.	
	13. (	FATHER'S NAME	//				14. MOTHER'S MAIDEN N					
		JOSEPH	DEATELHAUS	ER			MARY J.	VALENT	'I NE			
		WAS DECEASED EVI			SOCIAL SECURITY NO	. 17, IN	FORMANT		Add	ress		
	[T#1,	or inknown)	(If yes, give war or dates of s	ervice)	12-24-034	MEN	MORIAL HOSPITA	AL.	CUMBERLA	ND, MARY	YLAND	)
		18. CAUSE OF DE	ATH [Enter only one co	use per li	ne for (p), (b), and (c).	1 .	,					BETWEEN
		PART I. DE	ATH WAS CAUSED BY:	. /	of my	- 1	MAO JONA	in 0	200012	1	NSEI AN	D DEATH
		1105	IMMEDIATE CAUSE (o		777500			1			V	
		14-7					(M O	× 0	1. 1.	<	Ich.	00
		Conditions, if ony, which (b) UWBLART Prugal Class are										
		cause (a), stating	the under-	•				160	rem.	_ )	17	55
	-7	tying coose iost. ) (c)								T		
	CATION	PART II. OT	HER SIGNIFICANT CON	IDITIONS (	CONTRIBUTING TO DE	ATH_8UT	NOT RELATED TO THE TERM	INAL'DISEAS	E CONDITION GIV	/EM IN PART 1(o)	19. WA: PERF YES [	ORMED?
/	RTIF	OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D (Enter noture of injury in	Port I or Par	t II of item 18.)			
	₹	20c. TIME OF INJU	RY Month, Doy, Ye	gr 20d. II	NJURY OCCURRED	20e. PL	ACE OF INJURY (Home, form	20f. (Cib	or town)	(Count	v)	(Stote)
	MEDICAL	Hour a.m.	19	While	Not while	foo	ctory, street, office bldg., etc			,	.,	
	Σ	p. m.	17	of wor	k ot work		ma <sub>m</sub>					
		21. I certify the	at (I) (this haspital	) attend					5-18			
		saw the decea	sed alive an 5_	: 12;	19.60 and	that d	leath accurred a6:2		the causes an	id an the da	te state	ed abave
		220 SIGNATURE	1	26	7							22b, DATE - SIGNED
			Mr-J	//de	llenene	2-27	M D PHYS.	ED RECTOR	STAFF PHYS.		5	2060
		22c. PHYSICIAN'S					22d. ADDRESS					
		NAME (Type)	DR. W.F.WIL	LIAM	\$		122 S.CE	NTRE S	T., CUMB	ERLAND.	4D.	
	230	BURIAL, CREMATIC			23c DAME OF CEM	FTERY O			TrON (City, town,			oje)
	7	REMOVAL (Specify		10	Rosel	lel1	Cam		mberl		12	
	24	FUNERAL DIRECTOR	'S SIGNATURE	0	ADDRESS	,	250. REC'	D BY REGIS	TRAR 25b, REGI	STRAR'S SIGNAT	URE	
	-	L'enis	Allen's	Inc	· ( rum	6.	MY & DATMA	7 2 3 '6	O CUI	Jun S. Kin	u4	

TO HOSS A OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havins after death. Page 4 may be called by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certifical has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2-chautid be filed with the State Board of Health priar to burial, crematian, ar removal, and in any event within 72 haurs often death. VR A15 (4) 15M 9/59



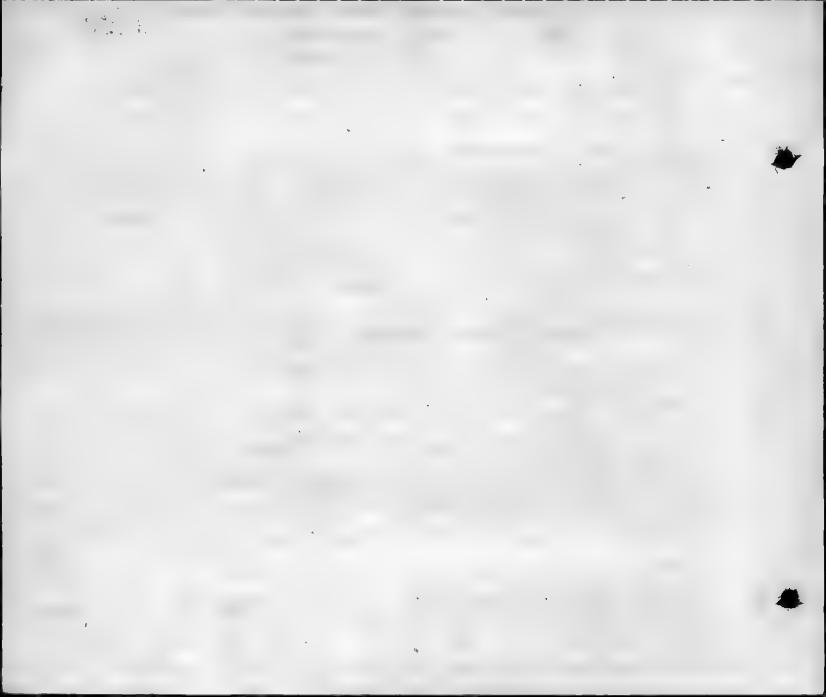
### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5219

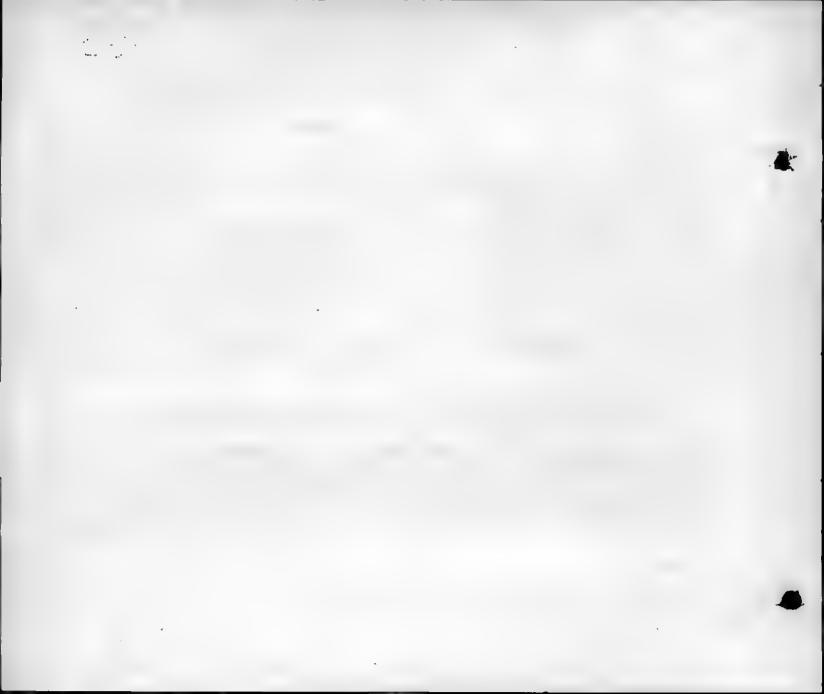
### **CERTIFICATE OF DEATH**

05217 Reg. Dist. No.

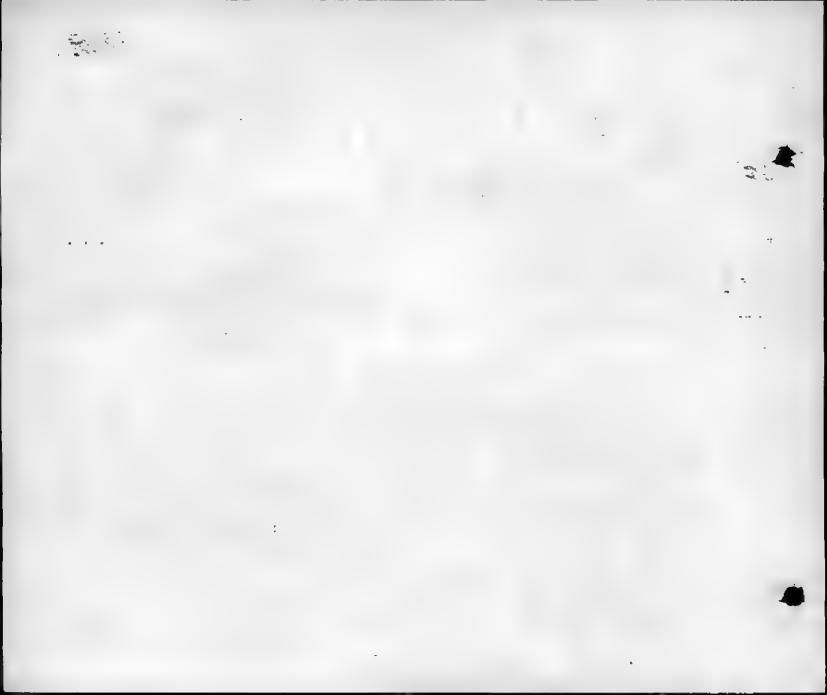
-	1. PLACE OF DEATH  o. COUNIX- //	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	before admission)							
۱	HILCONY MARYLAND	9, STATE Maryland b. COUNTY PC GA	114							
ſ	b. CITY OR TOWN If autside conforote limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and gr	ve nearest town)							
ı	Cumperland	02 Cumberland								
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS	e. IS RESIDENCE							
1	Memorial Hospital	606 Greene ST.	ON A FARM?							
	3 NAME OF First Middle	Loss/ 4. DATE Month	Day Year							
	OFFICE SAMUEL CAVID	Wrobeck DEATH May	2/ 1960							
1	5. SEX 6. COLOR OF RACE 7. MARRIED 1 NEVER MARRIED	B DATE OF BIRTH  9. AGE (In years / IF UNDER 1  lost birthdoy) Months [	YEAR IF UNDER 24 HRS							
ŀ	Thate widowed Divorced	1100.26,1012 67 yrs.								
ı	100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUS during mast at working life, even if retired)	STRY Th BIRTHPLACE (State or foreign country)   12 CITIZ	EN OF WHAT COUNTRY							
Į.	Salesman Consolidate Hom	18 17 USS19 V.	S.A							
- [	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
	Benjamin Wrobeck	UKKNOWN								
	(Yes, no, or upknown)         yes, give wor or defea of service	NFORMANT Address								
	405 W.W. 1 1214-05-4680 C	velyn H. Drobed 606 91	Pene ST							
1	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	3 0 13	INTERVAL BETWEEN							
1	PART I. DEATH WAS CAUSED BY: Acute left ventri	cular fallure	immediate							
1	HOO DUE TO	(miles )								
1		ocardial infarction	2 days							
1	gove rise to immediate Coese (a), stating the under-									
1	lying couse lost. (c) Coronary occlusion	2 days								
M	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?									
4	RHYKK Paroxysmal auricular		YES NO T							
	□ OR CONTRIBUTING LI CAUSE OF DEATH	D. (Enter nature of injury in Part I or Port II of item 18.)								
-	A Haur e.m. While his while for	ACE OF INJURY Home, farm, 20f. (City or tawn) (Ca ctory, street, office bldg., etc.)	ounty) (State)							
ı										
	21. I certify that I attended the deceased from May 19	, 19 60, to May 21 , 19 60, that I la	ist saw the deceased							
1	alive on May 21 19 60 , and that death	accurred a $9:12$ $ ext{A}$ $ ext{M}$ , from the causes and an the								
1	ACTUAL No mes Dans of	ADDRESS (Street, city or town, state)	DATE SIGNES							
1	SIGNATURE / / Jacob	M.D. 50 Pershing Street	5/24/60							
1	PHYSICIAN'S Samuel. M. Jacobson, M. D.	Cumberland, Maryland								
ŀ										
	220 BURIAL CREMATION, 226. DATE THEREOF 22C, NAME OF CEMETERY OF REMOVAL (Specify)	D. I Cour D. Landand	(Stole)							
-	BUTAL MAY 27,1966 55, STENT) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	COMPLET COMPLET	VATURE .							
	Tage Aller Ch. Con leila	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN DATE MAY 2 6 '60 Onther 2.								
L	Joues Treen, Une, Camerocci	C() UTC/ DATE								



		5293	LAND STATE DEPARTM CERTIFIC	NENT OF HEALTH ATE OF DEATH		05218 leg. Dist. No.
led wit	1.	PLACE OF DEATH b. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla)	ere deceased lived If institution:  nd b COUNTYA1	Residence before admission) Leguny
should be fi		b. CITY OR TOWN (If autside carporale lim RURAL and give nearest town) IETTERSTIE	nits, write c. LENGTH OF STAY IN 1b	H a a	utside corporate limits, write RUR/	
24		d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION	give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO 🔯
ers. Pages 1 and		DECEASED	in Middle Lerov Emerick	Lost	4. DATE Month OF DEATH May 2,	Day Year L960 19
0	S.	SEX 6. COLOR OR RACE Male White	7 MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	Aug.1,1903	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS. Ionths Days Hours Min.
deoth.	10	USUAL OCCUPATION (Give kind of wark during most of warking life, even if retired Lacksmith	dead Int. VINID OF BUSINESS OF INDI		or foreign country)	12 CITIZEN OF WHAT COUNTRY- USA
s offer		FATHER'S NAME Sylvester Eme		Jeannett	e Speelman	<del></del>
T L L L L L L L L L L L L L L L L L L L		WAS DECEASED EVER IN U. S. ARMED FO. S. no. or unknown) [11 yes, give wor or dates of	RCES? 16. SOCIAL SECURITY NO. 17.	Mrs. C.L.Em	Address erick, Eller:	
nsi permit. Then please re and in any event within 72		gave rise to immediate cause (a), slating the <u>under-lying cause last.</u>	METASTATIC CA  BRONCHOGENIC  Co  Co  Co  CO  CO  CO  CO  CO  CO  C	CARCINOMA		INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS 6 MOS ?
remaval,	CERTIFICATION		206. DESCRIBE HOW INJURY OCCURR			IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO E
emation, ar	MEDICAL CER	20c. ACCIDENT Y/AS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, You Hour a. m. 19	ear 20d, INJURY OCCURRED 20e, P	LACE OF INJURY (Home, form, actory, street, affice bldg., etc.	, 20f. (City or town)	(County) (State)
iar ta burial, cre		21. I certify that I attended the alive on 30 APRIL	e deceased fram DEC, 1960 , and that deat	h accurred at 5:30	MAY , 19.60,1 PM, fram the causes and ADDRESS (Street, city or town, sto ENTRE ST	hat I last saw the deceased d an the date stated abave. DATE SIGNED 5/3/60
ne registrar pri	220	PHYSICIAN'S WILLIAM P. BURIAL CREMATION, 22b. DATE THERE REMOVAL (Specify) BUILLAL MAY 5.	of 22c NAME OF CEMETERY (1960 Palo Alto	OR CREMATORY	LAND, MO.  22d LOCATION (City, town, or of the Hyndman, Pa.	county) // (State)
수 4) 57	23.	FUNERAL DIRECTOR'S SISSMATURE	ADDRESS Hyndman, Pa	24a. REC'E	D BY REGISTRAR 24b REGISTRA	AR'S SIGNATURE



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 5220 CERTIFICATE OF DEATH	05219
Poge Airled with	1 PLACE OF DEATH  a. COUNTY  ALLEGANY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution. I b. COUNTY  MARYLAND	Residence befare admission) ALLEGANY
	b. CITY OR TOWN (If autside carporate limits, write RURA RURAL and give nearest town)	L and give nearest tawn)
by the to	CUMBERLAND NO d. NAME OF HOSPITAL (If not in hospital, give street address)  MEMORIAL HOSPITAL MEMORIAL & WARWICK AVE  500 LINDEN STREET	e. IS RESIDENCE ON A FARM? YES NO
filled in ges 1 on oth.	3. NAME OF First Middle Last 4. DATE Manth OF	Day Year 1960 19 60
ithin 2 ty fille Poges deoth	S SEX 16. COLOR OR RACE 7. MARRIED NEVER MARRIED 17. B. DATE OF BIRTH 9 AGE (In years IF.	UNDER 1 YEAR IF UNDER 24 HRS.
complete	MALE WHITE WIDOWED DIVORCED MARCH 25, 1960 yrs  10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ond ond 72 ho	MARYLAND  13. FATHER'S NAME	U.S.A.
A - E -/	ELMER ENDRES DORIS ANN NAVE	
certificate ng physicion remove co event, within	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT 500 Linden Elmer Endres Cumberland	Street,
requires that the death on. on. signed by the ottendir sit permit. Then please or removal, and in any e	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the under lying cause last.  (b)  DUE TO  Lying cause last.	INTERVAL BETWEEN ONSET AND DEATH
he low physici hos beer riol-tror notion, o	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN  20a. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18)  OR CONTRIBUTING  CAUSE OF DEATH  (If EITHER, NOTIFY MEDICAL EXAMINER)	IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
IAN: Tending ficote I the bu		
PHYSIC tal or off this cert or use as in to burn	20c. TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED Haur a. m. While Not while at wark of wark of wark 19 at wark 19 Not	(Caunty) (State)
OR ATTENDING lined by the hospi AL DIRECTOR: After could be detoched fo Boord of Health prio		n the date stated abave.  22b.DATE SIGNED
O HOS moy bell O FUNERAL poge 3 shot the State Bo	230 BURIA, CREMATION, Page DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, Iowin, or company) Burial 5/16/60 P 0 S of A Cemetery Centerville	Penna
VR A18 (4) 15M79/59		Ar'S SIGNATURE Lun & Klaua
1549/59 bleo	Water as STICON COMPELIAND MAINTAIN	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral director, uid be filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE **b** COUNTY MARYLAND **ALLEGANY** ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) should 1 29 DAYS WESTERNPORT d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 2 115 GORDEN STREET MEMORIAL HOSPITAL YES NO ۲ 3. NAME OF First 4. DATE Middle Month Day Lost **Уерг** filled DECEASED SHERIDAN DEATH Pages (Type or print) **EVANS** MAY 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS. B DATE OF BIRTH 9 AGE (In years completely 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Hours Doys MALE WHITE WIDOWED | DIVORCED [ FEBRUARY 79 yrs. papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if refired)
RETIRED ELK GARDEN. W.VA. U.S.A. and Dan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME g physician remave cark .⊆ DAVID EVANS ARMEDA KESSEL WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT WARWICK & MEMORIA ENUE MEMORIAL HOSPITAL - CUMBERLAND, MARYLAND ottending please any 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) 2 6-6 **DUE TO** þ Conditions, if ony, which permit gned gave rise to immediate **DUE TO** cause (a), stating the under-1. die 1421 /2. burial-transit lying couse lost 9 been physici PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPSY PERFORMED YES NO TE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. [Enter-nature of injury in Port 4 or Part II of Jiem 18] cerlificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc. use Hour O. III. While Not while this 19 of work of work After 21 1 certify that (I) (this basnitel) attended the deceased fram. 19 that (1) (wet last detached 5 19 6 saw the deceased alive an / FUNERAL DIRECTOR: 22o SIGNATURE 22b, DATE SIGNED DUEL 2-MD. ATTENDING PHYS å DIRECTOR PHYS paulo 22c PHYSICIAN'S 22d. ADDRESS 3 should NAME (Type) S. G. WEISMAN 23b DATE THEREOF 230, BUR AL, CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) the Philos Westernnort Md. ō 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25b. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR "esternmort. Ma. VR A15 (4) Chillian S. Henra MAY 1 7 '60 15M 9/59

2.4 

	5226	2	CERTIF	ICATI	E OF DEA	TH			002	W.T.
1, PLACE OF DEATH 0. COUNTY				- 11	. USUAL RESIDENC	E (Where dece		nstitution:	Residence befare	odmission)
ATTE	JANY		MARY	LAND		LAND	0. 00		LEGANY	
	If autside carporate limit	ls, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN		arporate limits,	write RURA	L and give neare	st town)
CUMBERT A			80 days	(	2. CIIMBE	ERLAND				
d. NAME OF HOSPI	TAL (If not in hospital, g	ive street			d. STREET ADDRE				e.	IS RESIDENCE
OR INSTITUTION	• 0000 1101	1100	2700 4 7	4	970 3	Tatta	maan A	** 0		ON A FARM? res NO 😭
3. NAME OF -	ACRED HEART					Patte		ve.,	-	7
DECEASED	Fin		Middle		Last	4. DA	-	Month	Day	Year
(Type or print)	WINDS		Patrick_		FATR	DE	ATH	MAY	23	1960
i. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	D   8	DATE OF BIRTH		9 AGE (In	yeors if I	UNDER 1 YEAR IF	Hours Min.
MALE	WHITE	WIDOWE	DIVORCE	D 🔲 S	ept. 4,	1879	80	yrs.	unins Days	Min.
On. USUAL OCCUPATION	ON (Give kind of work of	done 10b	KIND OF BUSINESS O	R INDUSTR	Y 11 BIRTHPLACE	(State ar fareig	gn country)		12 CITIZEN OF W	HAT COUNTRY
	king life, even if retired)	Ke	elly-Tire	Co.	Midlar	nd. Ma	rvland			II.S.A.
3. FATHER'S NAME	- 12 - 2		J		14. MOTHER S MAI		- V			U.D.A.
William	Fair				Kath	ryn M	oody			
		cero l		No. (NIEC		i L y m	oody	6.44	Cumb.	vid.
(Yes, no, or unknown)	R IN U. S ARMED FOR					3				
No.		4.	4-07-019	omrs	. Lather	ine H	ausrat	u or	o wasn.	ington
18 CAUSE OF DE	ATH [Enter only one co	use per lir	e for (a), (b), and (c).	1						AL BETWEEN
PART I. DE/	ATH WAS CAUSED BY:	Arte	erioscler	otic	Cardio	vascu	Lar di	.seas	e oni	vears
1433	DUE TO	I								3.00.2.0
Canditions, if a	4 /									
gave rise to i	mmediate									
cause (a), stating										
lying cause last.	) (c	)								· · · · · · ·
PART II OTI	HER SIGNIFICANT CON	DITIONS (	ONTRIBUTING TO DEA	ATH BUT NO	OT RELATED TO THE	TERMINAL D S	EASE CONDITION	ON GIVEN	IN PART 1(a) 19	WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT W.	AS UNDERLYING [	20b. DESC	RIBE HOW INJURY O	CCURRED.	Enter nature of inju	ary in Port I ar	Part II of item	10.)		
(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
N 20c TIME OF INJUI	RY Manth, Day, Yes	ac 20d II	JURY OCCURRED	20e PLAC	E OF INJURY (Hame	form. 20f.	(City or town)		(County)	(State
20c TIME OF INJUI	19	While	Nat while	facta	y, street, affice bld	g., etc.)	(4.7 4. 14)		(400,11)	(5.5.5
		of wor								
21. I certify the	at (I) (this hospital	) attend	ed the deceased	fram	12-19	12_57.1	5=2	23-6¢	19, that	(I) (we) las
saw the decea	sed alive an 5-2	22-6	Q19, and	that dea	th accurred at	7:30 1	hm the caus	es and a	an the date s	tated abave
22a SIGNATURE	.2 /2				1					226 DATE
	KW/Jac	Car		M	ATTENDING PHYS	MED.	STAFF PHYS !			SIGNE
22c. PHYSICIAN'S			-		22d. ADDRESS		,,,,,,			
NAME (Type)	חם סוגו ס	ATTT			6000	EENE_S	משטים כוח		5-	23-60
	DR. R.W. B									
23a BURIAL, CREMATIC REMOVAL (Specify	ON, 236 DATE THEREO		23¢ NAME OF CEMI				DCAT ON (City,			(State)
Burial	5/25/60	)	Belvidi	ere	Cem.	Mi	dland,	Mar	yland	
24. FUNERAL DIRECTOR		-	ADDRESS		250	REC'D BY RE			AR'S SIGNATURE	
H. Wayr	ie George	Cur	mberland,	Md.	DAT	EMMY 25	460	and	is & through	

TO HOSPIZAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may k. Ashared by the haspital or attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled. By the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59



VS. A15ME(5) 5M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 522 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

		EACE OF DEATH COUNTY		i i	sere deceased lived. If Institution: Residence	e before admission)
į		Allegany	MARYLAND	o.STATE Marvl	and b. COUNTY All	ekanv
	Ь	CITY OR TOWN (If ownide corporate fimils, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write RURAL and g	ive neorest town)
		Cumberland	vears	O. Cunber	land	
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hos		J. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
		542 Fort avenue		542 Fo	rt Avenue	YES NO
		IAME OF First	Middle	·	I. DATE Month	Doy Year
		INDECEASED (CASTELL)	GALLI	· v	OF DEATH MAY 8	19 60
	5. S		D NEVER MARRIED   8.		9. AGE (In years   IF UNDER 17	
	ŀ	fale White WIDOWE	T DIVIDES T	ec. 28. 1903	for brithday! Months Do	ays Hours Min.
	10a.	USUAL OCCUPATION (Give kind of work done 10b. Kuring most of working life, even if retired)			r foreign country) 12. CITIZE	N OF WHAT COUNTRY?
Y		a a car and an	0 Railroad		ntv. West Virginia	USA
	_	FATHER'S NAME		14. MOTHER'S MAIDEN NA		
		SANUL B. GALLIER		MALY LL	LEN FLALLY	
1		WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	544 Fort A	venne
	11148	, , , , , , , , , , , , , , , , , , , ,	05-07-9679 M	rs. Evelyn G	alliher Cumberland	
		18. CAUSE OF DEATH [Enter only one cause per line				INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	Asnhyviatio	n due to Ha	nging	ONSET AND DEATH
		a 711 V DUE TO	113bity ALUCE	, auc co na	125, 1.118	7071177
		Conditions, of Gray, which ) (b)			and the state of t	
		gove rise to immediate cause				
		(o), stoting the underlying DUE (C)				
	z	PART II. OTHER SIGNIFICANT CONDITIONS CO	INTR BUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	ALDISEASE CONDITION GIVEN IN PART 1	
	ATIO					PERFORMED?
•	H	20g. EXTERNAL CAUSE WAS 20b. DESCRIBE	HOW INJURY OCCURRED. (E	nler nature of injury in Part I	or Port II of item 18.)	140 140
	CERTIFICATION	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.				
	7		NJURY OCCURRED   20e. PLAC	E OF INJURY (Home, form,	20f. (City or town) (Count	y) (Stote)
	MEDICAL	1:09 m. May 8 1960 While	Not white	ry, street, office bldg., etc.)	Cumberland All	egany Md.
		21. I certify that I took charge of the r		ve, held an Autopsy	, Inspection A, Inquiry	X, and find that
		death resulted from: Natural causes	], Accident [], Suic	cide 💢 , Hamicide	, Undetermined cause .	_
5						
		SIGNATURE Benedict Skitare	lic	M.D. CHIEF MEDICAL EXA	MINER [	DATE SIGNED
		EXAMINER'S A A	h 1	ASSISTANT MEDICAL		
- 1		NAME (Typo) Sunder	starelie!	DEPUTY MEDICAL E	KAMINER DX May 8, 19	160
		BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, or county)	(51ote)
	-	rial 5/11/60	Hillcrest Bu		Cumberland, Maryla	
		FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D	BY REGISTRAR 246. REGISTRAR'S SIGN	ATURE
	Jo	hn J. Hafer, Cumberland	l, Maryland	DATE		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5224 Reg. 05223 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND aNL b. CITY OR TOWN (If autside carparete limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN [If gutside carporate limits, write RURAL and give nearest tawn] RURAL and give nearest tawn) UMBER NV d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? 22 Will va.a YES NO F NAME OF 4. DATE Middle Month Day Year DECEASED (Type or print) DEATH al 1960 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. B DATE OF BIRTH Manths Days WIDOWED IT DIVORCED YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO DÛE TO Conditions, if thy, which gave rise to immediate DUE TO catte (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO IZ 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth. Day. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Year 20f. (City ar town) (County) (State) factory, street, affice bldg., etc.) Hour a, m, While Not while at work at wark p. m. 21. I certify that Lattended the deceased from . 19 (CL) that I last saw the deceased alive on and that death occurred at ...M, from the causes and an the date stated above. ADDRESS (Street, city ox town, stafe) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, tawn, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S, SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE MAY 3

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BACE hours

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VS A15 (4) 15M 9/55

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d be					5225	WEL	DICA	L EXAMINE	R'S	CERTI	FICA	TE OF	DEATH	R.F.D	34	
should b			Allegany Maryland						AND		Mary		ed lived. If institu b. COUNT	viioni Residence	efore ode	mission)
Page 4			b. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest sown)							c. CITY OR TOWN (If autside corporale limits, write RURAL and give nearest lawn)						
2 ع	2 1/1 -	_		umberla		ON 115	-1.1	48yrs				ake R	L.D.#5			
recto es.	0,10		0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,  D.O.A. Sacred Heart Hos						/ d. street ADDRESS 'Triple Lake					10	RESIDENCE N A FARM?
<b>9</b> .	5		D	EAME OF DECEASED		First		Middle		Lo	sl .	4. DATE	Ment	h D	4, 61	Year
fund r ya	0	-	5. SI	Type or print)		anie			laa			DEATH	May	21		1960
독취	2		o. 51		a. COLOR OR			D NEVER MARRIED		_		F000	9. AGE (In years loss burthday)	Months Days	-	
3 ta haine with	~	-	IGa.	M USHAL OCCUPATION	ON (Give kind of		/IDOWED	DIVORCED [	7.	June !	-	L889	70 yn.			T COUNTRY?
be re	1)		q	ransper ]	g life, even if re .ns; ect	tired)		laning Mi					and Duto			I ÇQQINIKT?
1, 2 1, 2				Michael	Haan					14. MOTHER'S		.,,	and the second	t	24	
ម៉ូ ម ខ្លី	n	-		WAS DECEASED EV		FD FORC	FS2 114 6	OCIAL SECURITY NO.	17 104	Ter	esa	Ingl			s. 56	
ve Pag Page File or			[Yes,	no, or unknown)	(If yes, give wor or o	lates of sen	ice)	214-05-69			E.	Haan	Address	le Lake	e. 150	d
		-		18. CAUSE OF DEA	TH [Enter only o	ne couse		or (a), (b), and (c).	D 0 1.		100	11CAGA11	4446		TERVAL BETY	
1 1 8.			-1	PART I. DEAT	H WAS CAUSED	BY: ISE (a)		CORON	ARY	OCCLUS	TON			OI	Sudd	
			-	40	4	E TO					2: 02.1				Diggi	
i in Kiji				Conditions, if &		(b)		COR	ONA	RY SCLE	ROSIS				v, •	-
penc llang			-	(a), stating the		E TO									7	
E e s				PART II. OTH	IER SIGNIFICANT	(c)	IONS CO	NTRIBUTING TO DEATH	BUT N	OT RELATED TO	THE TERM	INAL DISEAS	F CONDITION GIV	EN IN SART YOU	10 WAS	AUTOPSY
r's Officer	17		3									7776 67 92548		ar in , and , (a)	PERF	QRMED?
8 5 8 8 2 8			<u>.</u>	20a. EXTERNAL CAL PRIMARY G ar COI CAUSE OF DEATH.	JSE WAS ATRIBUTING []	20b.	DESCRIBE	HOW INJURY OCCUR	ED. (En	ter nature of i	njury in Pari	t I ar Part II	of item 18.)	<del></del>		
Ward I Exami			3	20c. TIME OF INJUI		y, Year	20d. II	NIURY OCCURRED 200	PLAC	E OF INJURY	(Home, form	20f. (City	or town)	(Caunty)		(State)
g the edical			9	p. m.		19	at wor									
ief Me								emains described					rspection 🔝,	Inquiry [	, and	find that
19 S		1		death resulted	from: Nati	oral ca	uses K	, Accident ,	Suic	ide □, I	-lamicide	, Uı	ndetermined o	ause 🔲.		
to the Ch.				ACTUAL SIGNATURE	Bened	ict	Sk	tareli	2	M.D. CHIEF	MEDICAL EX	AMINER 🗍			DATE	SIGNED
A de ce	oval.			EXAMINER'S .								AL EXAMINE				
orwarded t	Ten C	-	220	NAME (Type)				LIC, M.D.			MEDICAL	EXAMINER	1140 C			
~ ~ o	ŏ			BURIAL, CREMATIO REMOVALISPECITY) IT LELL	5-24			Hillcres			Donal	_	HON (City, town,	× 7	(Sta	(16)
Ĕ		200	_	UNERAL DIRECTOR		-00		ADDRESS	<u>u</u> 10	ar rat	240. REC'	D BY REGIST	per Land	TRAR'S SIGNAT	URE	
A15ME M 9/55				James	F. Sca	rpel	li (	Cumberlan	d.M	d	DATE MA	Y 2 4 '8	0 a	thur & the		
			_													

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VS. A15ME(5) \

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5226 5226 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05225 Reg. Dist. No.

	LACE OF DEATH	· · · · · · · · · · · · · · · · · · ·		2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)										
ľ	, COUNTY	Allegany	AND	a STATE Maryland b. COUNTY Allegany										
ь	ON TOWN IT	autude corporate limits, write	RURAL	c. LENGTH OF STAY I	N 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	Cumberla			30 years		Cumberland								
-	. NAME OF HOSPIT	)	d. STREET ADD				-			ESIDENCE				
	30 W.		30 W.	Fir	rst St	treet				A FARM?				
3. 1	NAME OF DECEASED	Fin	ıt	Middle		Losi		4. DATE	M	anth	Day	١	'ear	
	Type ar print)	OLLIE		VIRGINI	AH	AENFTLIN	G	DEATH	May		18	1	9 60	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.				8. E	ATE OF BIRTH			9. AGE (In year)				ER 24 HRS.		
	Female	White	WIDOWE			une 26,1			44 y	ns. Months	Days	Hours	Min.	
100	USUAL OCCUPATION	ON (Give kind of work of life, even if refired)	dane 10b.	KIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE	(State o	ar fareign (	country)	12. CI	TIZEN O	F WHAT	COUNTRY?	
	Housew			Own home		West V	irei	inia		Ţ	ISA			
13.	FATHER'S NAME				1	4. MOTHER'S MA								
	S-	vlvester Ge	orge			Su	san	Kesne	er					
		ER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. INF	DRMANT			Addr	410				
1,744	no	In last Bue was or desire or		Inknown	L.	Raymond	Geor	rge	Cumbe	rland	Md			
	18. CAUSE OF DEA	TH [Enter only one cou									INTE	RVAL BETWI	EEN	
	PART I. DEATH WAS CAUSED BY: GORONARY OCCIUS TON											SIDDEN		
	Canditions, if any, which) (b) CORONARY SCLEROSIS										.24	4.264		
	gave rise to imme	liate cause		GOLGOINETTE POT		710					7.	1. 1. 3. N		
	(a), stating the cause last.													
7		) (c)		ONTRIBUTING TO DEATH	RITNO	T PELATED TO THE	TE DALL	NAI DISEAS	E CONDITION	GIVEN IN PA	PT 1/01 1	9 W/65	ALITOPSY	
101	PARI II, OII	EK SIGITITICATTI COTT	D1110143 <u>C</u>	GATRIOGIANO TO DEATH		T KLONILO IO IIIL	F E C 06234161	IAUF DIRECT	L COMBINON	011111111111111111111111111111111111111		PERFC	RMED?	
FICA	20a. EXTERNAL CAL	ISE WAS 20	h DESCRIE	E HOW INJURY OCCUR!	DED /E-L	ar antique of Inform	in Part	Las Part II	of item 19.1			YES 🔀	NO 🗌	
CERTIFICATION	PRIMARY D or COL CAUSE OF DEATH.	NTRIBUTING 🗆	O. PESCRIE	DE HOTT INJURY OCCUR	KED: (ENI	or niciona or injury	IR PON	I GE POIT II	Grittem Ia.)					
MEDICAL	20c. TIME OF INJUI	RY Month, Day, Yes			e. PLACE	OF INJURY (Hom	e, farm,	20f. (Cit	y ar town)	(Co	ounty)		(State)	
MED	Hour a.m.	19	While of w	le Nat while ork at work	Tucius	r, ander, diffice on	effer seams)	1						
	21. I certify th	at I took charge	of the	remains described	abave	e, held an Ac	utapsy	/ [], 1	nspection [	X, Inqui	ry 🎩	, and	find that	
death resulted from: Natural causes A, Accident , Suicide , Hamicide , Undetermined cause .									<u> </u>					
	ACTUAL SIGNATURE	Levedy	1	Klarel	ic/	M.D. CHIEF MEDI	IÇAL EX	AMINER [	}			DATE :	SIGNED	
	ASSISTANT MEDICAL EXAMINER													
	EXAMINER'S B	ENEDICT SK	MARE	LIC, M.D.		DEPUTY MEI	DICAL E	EXAMINER [	X MAY	18, 1	960			
220	BURIAL CREMATIC	N. 226. DATE THEREC	)F	22c. NAME OF CEMETE	RY OR C	REMATORY		22d. LOCA	TION (City, tow	n, or county)		(Stat	4)	
	REMOVAL (Specify) Burial	May 20.19	160	Mt. Olive G	rove	Cemeter	- <sub>57</sub>	016	itom. N	∕ld .				
23.	FUNERAL DIRECTOR		-	ADDRESS				BY REGIS		GISTRAR'S S	GNATU	RE		
	Byron K	ight	Cumbe	erland, Md.		DA	ATREAV	<b>/. 2 3</b> '6	0 /	Tithur 9	4			
				,			A	. 7 0	· · · · · · · · · · · · · · · · · · ·	i Wind I	Tienu	4		



il director, filed with ofter death! Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY Mary Land **b** COUNTY Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Cumberland Cumberland d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS orinstitution 319 Broadway 319 Broadway 3. NAME OF Middle 4. DATE Month DECEASED (Type of print) DEATH Mav John Harden 5 SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years lost birthday) 8. DATE OF BIRTH WIDOWED [7] DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) during most of working life, even if relired) Retired Maintenence Hosnital Greenburg, Pa. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Celia Kellv Harden Perry 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Lillian Harden 319 Broadway No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. CERTIFICATION PAST II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year factory, street, office bldg., etc.) Hour a.m. Not while of work of work detached for 21. I certify that I attended the deceased from 4-3 1959, to 5-17-, 1963, that I last saw the deceased \_\_, and that death occurred at\_\_\_\_\_M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) **ACTUAL** SIGNATURE PHYSICIAN'S Lewis Brings 57 Green Street 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Sunset Memorial Park Cumberland . Md . 23. FLINERAL DIRECTOR'S SIGNATURE Cumber Land, Md. 24b. REGISTRAR'S SIGNATURE 240, REC'D BY REGISTRAR James r. Scarpelli VS A15 (4) arthur & thouse

15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
5227 CERTIFICATE OF DEATH

Rea. Dist. No.

Allegany

1960

USA

(County)

IF UNDER 1 YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO TO

> > (Stote)

DATE SIGNED

(Stole)

ON A FARM?

YES NO P

Yeor

19



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930	Poor		STIC	1
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Ž	certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funding director. Page 4 should by	,	rio!	
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nec	tor.		r to	
	rec	45	Drig.	
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A.M	D <sub>0</sub>	Med	900	
X	veiti	e e	95	
AL	5	5	10	
200	00	the	REC	
ME	artifi	to	5	
7	8	Sed	RAL	Beritan .
SEUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please exe	ı	Ve Jed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you	UNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File peges I and 2 with the registror prior to burial, cremation	Punda.
-	47	>	_	h

VS. A15ME(5) SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 522 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		52 <b>2</b> \$	EDICAL	EXAMIN	IER'S	CERTI	FICAT	E OF	DEATH	Reg.	152	27				
) [	n Place of Death o. COUNTY Allegany MARYLAND						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Allegany									
-	b. CITY OR TOWN	1 (If aviside corporate limits, w	rite RURAL	c. LENGTH OF STAY		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)										
	Cumbe:	town}		65 years		Cumberland										
		PITAL OR INSTITUTION	(If not in hospit	/d. STREET ADDRESS G. IS RESIDENCE												
	Sacred H	eart Hospit			11 N. Waverley Terrac					ce YES						
3	NAME OF DECEASED			Las		4. DATE OF	Monl		Doy	lay Year						
	(Type or print)	WILLIAM	NEVI					DEATH	May 22,	1960			9			
5	. SEX	6. COLOR OR RAC		NEVER MARRIE					9. AGE  In years loss by thicky)	Months.	R TYEAR	IF UND	ER 24 HRS. Min.			
L	Male	White	MIDOMED		_	ept.8,1			1 714	monnis	Days	nours	MINI.			
34	Oo. USUAL OCCUP/ during most of wo	ATION (Give kind of working life, even if refired	k done 10b. Kth	ID OF BUSINESS OF	RINDUSTR	Y 11, BIRTHPL	ACE (Stote	or fareign ç	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY			
	Bookee	per	Dai	ry		Net	raska	l.			USA	,				
1	3. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME								
L		vin Hay				Drucilla DeVore										
1	Yes, no, er unknown)	EVER IN U. S. ARMED F		NFORMANT Address												
	No		1214	05 4548	Mrs	. John	Carro	11	Cumber.	land,	Md.					
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]										TAND DEA	EN (TH				
	PART I. DEATH WAS CAUSED BY: Cerebral hemorrhage, Left										4	4 days				
	THE TO															
	Conditions, if ony, which) (b) Hypertensive Cardio-Vascular disease															
$\perp$	gove rise to immediate cause (a), stating the underlying DUE TO															
	cause last. (c)															
MONTA DISTANCE	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES 2 NO 1															
- In	20a. EXTERNAL	CAUSE WAS	20b. DESCRIBE H	IOW INJURY OCCU	RRED. (En	ter nature of in	jury in Port	I or Part II	of item 18.}		1					
030	CAUSE OF DEAT	iH.														
3	20c. TIME OF IN	DURY Month, Day, Y	ear 20d. INJ	URY OCCURRED	20e. PLACI	OF INJURY (	tome, farm,	20f. (City	or town)	(Co	ounly]		(Stote)			
MEDICAL	Hour a. p.		White of work	Not while of work	factor	y, street, office	bldg., etc.]				, ,					
21. I certify that I taak charge of the remains described above, held an Autopsy								/ 🔀 , l:	rspection 🔀	Inqu	ry 🔯	, and f	ind that			
	death resulted fram: Natural causes . Accident . Suicide . Homicide . Undetermined cause .															
ACTUAL Benedict Skitarelic M.D. CHIEF MEDICAL EXAMINER											DATE S	IGNED				
ASSISTANT MEDICAL EXAMINER [7]																
EXAMINER'S NAME (Type) Decident Sentanelic DEPUTY MEDICAL EXAMINER DE May 23								, 19	60							
22c. NAME OF CEMETERY OF CREMATORY  Burial Specify May 25, 1960  St. Patricks Cemetery Cumberland, Md.									*	(State	)					
2.	3. FUNERAL DIRECT			ADDRESS				BY REGIST				RE .				
Byron Kight Cumberland, Md.							DAMAY 24 60 Certing S. Kinus									

TO HOS

VII A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 5279

05228

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution of STATE b. COUNTY	: Residence before admission)
Allegany	MARYLAND	Maryland	Allegany
b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RUR	(AL and give nearest town)
Frostburg.	2 weeks	X Mt. Savage.	
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		/ d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
Miner's Hospital		Glen Savage Road	YES NO Y
3. NAME OF First DECEASED	Middle	Lost 4. DATE Month	Day Year
(Type or print) Grace		Henckel DEATH May	17th, 19 60
S. SEX 6 COLOR OR RACE 7. MARR	IED NEVER MARRIED		FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Female White WIDOWN	DIVORCED [	Nov. 9th, 1884 75 75	Months Days Hours Min.
10a USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Telegraph Operat.	W.Md.R.R.	Pennsylvania	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Valentine Henckel		Catherine Snyder	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17 II	NFORMANT Gleffdrs	Savage Road,
70	<u>  10-7835</u>	Miss Edna Henckel, Mt.Sa	
18. CAUSE OF DEATH [Enter only one couse per lin	ne far (a), (b), and (c).]	1:00 11:1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	myocaro	hat psyllicient	3 15 mo
DUE TO	D.	0 ( 1/4-	mary
Conditions, if any, which ) (b)	gronckia	& Clothna	Hedes
gove rise to immediate DUE TO			7
lying cause lost. (c)			/
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	N IN PART I(a) 19 WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS			YES NO
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Part I or Part II of item 18.)	
Y 20c. TIME OF INJURY Month, Day, Year 20d II While p. m. 19 pf wor		ACE OF INJURY (Hame, form, 20f (City or town) ctary, street, office bldg., etc.) !	(County) (State)
p. m. 19 of wor			
21. I certify that (I) (this haspital) attend	led the deceased fram	Occ 17 1259 to May 17	2, 1960, that (I) (we) last
saw the deceased alive an May	719 6 Wand that a	death accurred at 12 TM, from the causes and	an the date stated above.
22g. SIGNATURE		ATTENDING & MED CTARE	22b DATE SIGNED
100111c fu	nl_	M D ATTENDING MED STAFF PHYS.	1/ay 8 1960
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	
W. O. McLan	le le	" 167 E. Main St., Fro	stburg, Md.
23g BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY C		county) (State)
Burial 5-20-60		's Cemetery Mt. Savage	Md.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		RAR'S SIGNATURE
X. C. Dure Fr	ostburg, Md	DATE WAY 2.0 '60 CLU	Lua & Kenek

### **CERTIFICATE OF DEATH** 5229 be filed with director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) . COUNTY Allegany Maryland b. COUNTY MARYLAND Allegany b. CITY OR TOWN IIf outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should Cumberland vears Cumberland d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 228 Pear Street 228 Pear Street YES NO X NAME OF First Middle lod 4. DATE Month Day Year DECEASED (Type or print) DEATH MARY RUTZABETH HERP ICH 19 -60 Ma.v 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Min. Fema.le White WIDOWED DIVORCED | Feb. 23.1863 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if ratired) Penna. USA Housewife Own home 13. FATHER'S NAME offer 14. MOTHER'S MAIDEN NAME physician Edward Rice Caroline 178 IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address No Mrs. Lester Barnes None Cumberland. Md. aftending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if day, which gave rise to immediate **DUE TO** casse (a), stating the underpuo lying cause lost. PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES \ NO \ 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part III of item 18.) MEDICAL 20c. TIME OF INJURY Doy. Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) O. (W. While Not while al work of work VIZZERE I certify that I attended the deceased from. Lez 4 20, 19 6 Sthat I last saw the deceased perped and that death occurred at\_\_\_\_\_ \_\_M, from the causes and an the date stated above. ACTUAL SIGNATUR Ъ PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) S (State) May 23. Rose Hill Cemeterv 1960 Cumberland, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE MAY 2 4 '60 Byron Kight Cumberland, Md. arthur S. Kines

after death.

within

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH
5294 CERTIFICATE OF DEATH

05230

ъ. Н													
1	1 P	LACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY						
1		A:	llegany		MAR	YLAND	TV.	arvl	and	***************************************		egan	V
	b	. CITY OR TOWN (IF	autside corporate limit	ts, write	c. LENGTH OF STAY	IN 16				rote limits, write			
		270	khart		Lifetime	.	X (P)	moli	) Eck	hont			
ı		OR INSTITUTION	AL (If not in hospital, g	ive street o			d. STREET A		I IICh	Har 6		OI	RESIDENCE N A FARM?
Ļ		Parkersb	urg Road			!						TES	Поп
	D	IAME OF ECEASED (ype or print)	Firs		Middle		Loss		4. DATE OF DEATH	Ma Ma		7th.	Yeor 19 60
ŀ			Geor		Emory		umberts			9. AGE (In years	er.		
- 1	S. SI				RIED NEVER MARRI	- 1	. DATE OF BIRTH			lost birthday)		Days Hou	
		Male	White	WIDOWE	ED DIVORCE	ED 🔲   4	July 22	2nd,	L902	57 yrs.		-	
	10a	USUAL OCCUPATIO	N (Give kind of work of	RY 11. BIRTHPL	ACE (State	or foreign o	ountry)	12. ÇITIZ	EN OF WHA	AT COUNTRY?			
		Laborer	ing life, even if retired)	EC	k.Coal M	ine	Mar	rvlar	5 c		T	ISA	
-	13 6	ATHER'S NAME		<u>,</u>	MICOURL II.	4110	14. MOTHER'S					IDA.	
	14. 1		TT 4										
\			Humbert				A	za Po	orter				
1		WAS DECEASED EVER no, or unknown?	R IN U.S. ARMED FOR-		SOCIAL SECURITY NO	),   17 INI	FORMANT			Pat	rkersl	ourg	Road,
1			, , , , , , , , , , , , , , , , , , , ,		7-09-542	1 Mr	s.Lest	er Re	ephan	n. Ecl	chart.	. Md.	,
7		18. CAUSE OF DEA	TH [Enter only one co	use per lir	ne for (a), (b), and (c)			-					BETWEEN
- 1			-	70	(c)	.1	2	CV	N	. / .		ONSET A	NO DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Carcinoma of Stomach												7	6 mo.
- 1	-1	1517	DUE TO	1	0	0	1			•		/	)
- 1	- 1	Conditions, if or	v. which )	K	to a m.	& a	N	an	em	ia.		6	mis
		gove rise to in	nmediate (			U \U	- 01						
	- 1	couse (a), stating t	he under- DUE TO				7						
- 1	_	lying couse lost.	) (c	1								1	
	CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO	THE TERMI	INAL DISEAS	E CONDITION GI	VEN IN PART	1(o) 19. W.	REORMED?
)	2											YES	□ NOSZ
	RTIFI	200. ACCIDENT WA	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	OCCU RRED	. (Enter noture of	f injury in I	Port I or Por	t II of item 18.)			
- 1	MEDICAL	WE OF INJURY HOUR O. m.	f Month, Day, Yes	,	NJURY OCCURRED		CE OF INJURY () ory, street, office			or town)	(€	ounty)	(Stote)
	ME	p. m.	19	While of world	k ot work			•					
	Ī	ne I amatification	. 715 20E3 - E 3x -1	N	1-11	·	4-1	10	60.	5-7	306	0 4-11	l) (we) last
	$\exists$		t (I) (this haspital	Tallena				(Y	. <u>9_</u> , ra r				
		saw the deceas	ed alive an. Q		19 <u>6_</u> 9 and	that di	eath accurred	d of / 11	M, fram	the causes a	nd an the	date sta	ted abave.
		220 5 GNATURE S	7/-6)	0	111		4 77774 15744 14					/	22b DATE
		,	17 c 2. 1	V	· Olik	h	ATTENDING	MI DI	ED. Rector [	STAFF PHYS		9/	9/20
	ı	22c. PHYSICIAN'S					22d. ADDRE						_/_6_0
		NAME (Type)	H. C. Di	ehl.		21	30	ы. м	din S	t, Fro	ethun	e Má	1
				7				** 0 11		7		69.11	4.0
	23a	BURIAL, CREMATIO	N, 236 DATE THEREC	)F	23c NAME OF CEN	KETERY OF	CREMATORY			TION (City, town,	or county)	(	State)
	I	REMOVAL (Specify)	5-10-60	)	Porter	Ceme	tery,		Ecl	chart,			Md.
		FUNERAL DIRECTOR	SAIGNATURE		ADDRESS			25a. REC'	D BY REGIST	TRAR 255. REG	ISTRAR'S SIG	NATURE	
		1 10 1	4 -1	Fr	costburg,	БМ		DATE					
	_/	1. 1. 1.	Alero I			2 2 4/4 6		LILA	× 11 '6		11 9	£	

and 2 should be filed with purs after death. Page 4 TO HOST ALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filler page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. VR A15 (4) 1SM 9/59

1

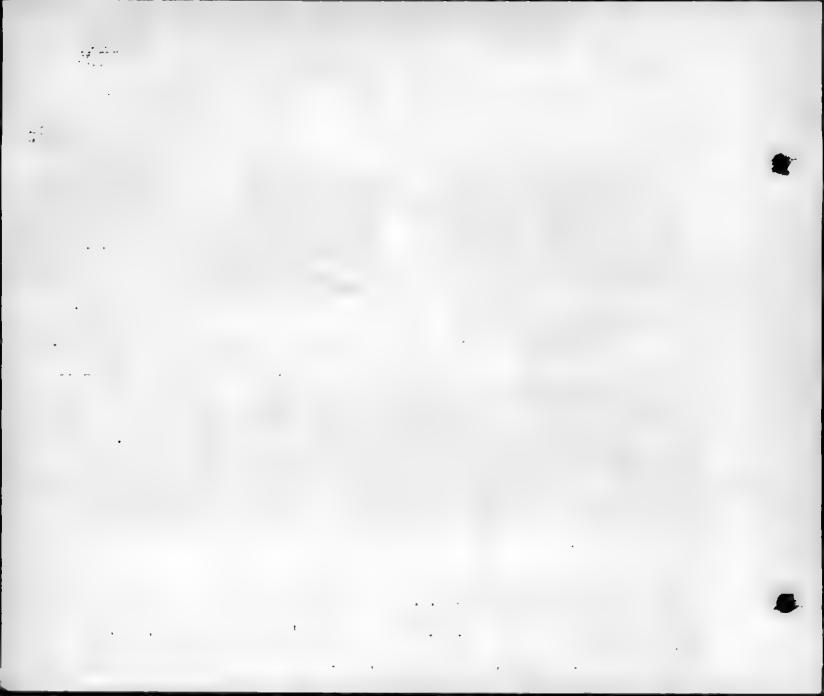


# TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any defay is necessary, please the cuted certificate, writing the word "pending" in penal in Item 18. Give Pages 1, 2, and 3 to the fund. director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your less. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, crembling.

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5230MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()5231

Retired Grocery Owner Grocery  13. FATHER'S NAME  ANGRED JACOPT  15. WAS DECASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  NO  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  Also old left myocardial infarction due to sclerosis of left artery.  20s. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING []  20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of item 18)	Per Hand Min.  OF WHAT COUNTRY?
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  J. STREET ADDRESS  2099 CREENED SIRTY  3. MAME OF DECRASED First Middle Last 4. DATE Month Do DECRASED (Type or print)  ALIP NED JA'NT 9. DATE NO.  5. SEX 6. COLOR OR RACE 7. MARRIED 1. B. DATE OF BIRTH 1. DEATH 5. 2  100. USUAL OCCUPATION (Give kind of work done 105. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  100. USUAL OCCUPATION (Give kind of work done 105. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  11. BIRTHPLACE (State or foreign country)  12. CITIZEN 0. THALY  13. FATHER'S NAME  AND T.O. TACOPTY OWNET Grocery 14. MOTHER'S MAIDEN NAME  AND T.O. TACOPTY OWNER OF THE ORDER O	Yes NO TO NO
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  SATE DHART YOS TYLL  2099 REPORT SIRTY  3. NAME OF First Middle Last 4. DATE OF EACH PLANT OF SIRTY  OF OCCASED (Type or print)  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NAME NAME OF SIRTY  100. USUAL OCCUPATION (Give kind of work done 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country)  110. USUAL OCCUPATION (Give kind of work done 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country)  12. CITIZEN OF TALLY  13. FATHER'S NAME  ANCET O. JACOPT  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  ANCET O. JACOPT  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY. Goronary Sclerosis with thrombosis, right  Canditions, if only, which gave rise to immediate cause (a), stating the underlying cause lost.  TO PART II. OTHER SIGNIFICANT COUNTINGS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  20. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  20. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   OCCUPRED. (Enter nature of injury in Part I or Part III of item 18)  CAUSE OF DEATH (10 OF PART III of item 18)	Yes NO TO NO
3. NAME OF OCCASED (Type or print)  5. SEX  6. COLOR OR RACE  7. MARRIED N NEVER MARRIED B. DATE OF BIRTH  MIDOWED DIVORCED T- /-11/05  100. USUAL OCCUPATION (Give kind of work done)  101. BIRTHPLACE (State or fareign country)  112. CITIZEN OF Retired Grocery Owner Grocery  113. FATHER'S NAME  114. MOTHER'S MAIDEN NAME  ANGETIC JACOPT  115. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  116. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  NO  118. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).]  PART II. DEATH WAS CAUSED BY:  120. DUE TO  Canditions, if ony, which gove rise to immediate course (a), stoling the underlying (b) Arteriosclerotic Cardiovascular disease (a), stoling the underlying (b) Arteriosclerotic Cardiovascular disease (condition given in Part I(a)  108. CAUSE OF DEATH (I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  200. EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING TO CONTRI	YES NO TO Y YEAR NO TO Y YEAR NO TO Y YEAR NO TO Y YEAR NO TO YEAR
OBCRASED  (Type or print)  AIP YED  JA YPI  B. DATE OF BIRTH  9. AGE (in your lost lycholory)  100. USUAL OCCUPATION (Give kind of work done)  101. WINDOWED  102. UNIVERSAL DESTRIPM  103. FATHER'S NAME  104. MOTHER'S NAME  105. WAS DECEASED EVER IN U. S. ARMED FORCES?  106. SOCIAL SECURITY NO.  107. INFORMANT  Address  ACUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  (I) you, give one or of doter of sermon)  108. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  (I) Arteriosclerotic Cardiovascular disease  (a), stoling the underlying (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Also old left myocardial infarction due to sclerosis of left artery.  206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)	1950 R IF UNDER 24 HRS. Haurs Min. DE WHAT COUNTRY? A.
(Type or print)  AIP NED  AIP NED  JA 'PI  S. SEX  6. COLOR OR RACE  WHOOWED  DIVORCED  1- /-1/05  P. AGE (to pront)  IFUNDER LYEA  MONTHS  DOYS  DOYS  MONTHS  DOYS  MONTHS  DOYS  MONTHS  DOYS  DOYS  DOYS  MONTHS  DOYS  DOYS  DOYS  DOYS  DOYS  DOYS  MONTHS  DOYS  DOYS	R IF UNDER 24 HRS. Hours Min. DF WHAT COUNTRY? A. St.
MALE  WHITE  WIDOWED  DIVORCED  1- /-1/05  Doys  Months  Doys  Months  Doys  10. USUAL OCCUPATION (Give kind of work done down down down down most of working life, even if relired)  Retired Grocery Owner Grocery  13. FATHER'S NAME  ACCUPATION (Give kind of work done down down down down down down in part light most of working life, even if relired)  Retired Grocery Owner Grocery  13. FATHER'S NAME  ACCUPATION (Give kind of work done down down down down down down in part light most of working life, even if relired)  14. MOTHER'S MAIDEN NAME  ACCUPATION (If you, give even or or doute of service)  IS. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  ACCUPATION (If you, give even or or doute of service)  NO  Mrs Alfred Jacopi 209 Greene  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Coronary Sclerosis with thrombosis, right  ON  Canditions, if ony, which gave rise to immediate couse (a), stoling the underlying (c)  19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  Also old left myocardial infarction due to sclerosis of left artery e  200. EXTERNAL CAUSE WAS  PRIMARY OF CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18)  CAUSE OF DEATH.	Haurs Min.  DF WHAT COUNTRY?  A.  St.
INCOLUSIAL OCCUPATION (Give kind of work done of work done during most of working life, even if retired)  Retired Grocery Owner Grocery  13. FATHER'S NAME  ANGELO JACOPT  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  AGUISTA Bastiani  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Coronary Sclerosis with thrombosis, right  ONE TO  Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.0  Also ald left myocardial infarction due to sclerosis of left artery.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)	DF WHAT COUNTRY?
Retired Grocery Owner Grocery  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  NO  18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  Coronary Sclerosis with thrombosis, right  ON  Canditions, if ony, which gave rise to immediate course (a), staling the underlying course lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Also old left myocardial infarction due to sclerosis of left artery.  20a. EXTERNAL CAUSE WAS  PRIMARY CAUSE WAS  CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)	St.
Retired Grocery Owner Grocery  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  NO  18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  Coronary Sclerosis with thrombosis, right  ON  Canditions, if ony, which gave rise to immediate course (a), staling the underlying course lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Also old left myocardial infarction due to sclerosis of left artery.  20a. EXTERNAL CAUSE WAS  PRIMARY CAUSE WAS  CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)	St.
ANGELO TACOPT  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  NO  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Coronary Sclerosis with thrombosis, right  Canditions, if any, which gave rise to immediate couse (b)  Arteriosclerotic Cardiovascular disease  DUE TO  Couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  Also ald left my ocardial infarction due to sclerosis of left artery.  20s. EXTERNAL CAUSE WAS  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give were or dater of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  NO  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)  Coronary Sclerosis with thrombosis, right  Canditions, if ony, which gave rise to immediate cause (b)  Canditions, if ony, which (b)  Arteriosclerotic Cardiovascular disease  Couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  Also old left myocardial infarction due to sclerosis of left artery.  CAUSE OF DEATH.  200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
No No Mrs Alfred Jacopi 209 Greene    S. CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c).	
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)  Coronary Sclerosis with thrombosis, right  Canditions, if ony, which gave rise to immediate couse (b)  Arteriosclerotic Cardiovascular disease  DUE TO  (c), stating the underlying (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  Also old left myocardial infarction due to sclerosis of left artery.  20a. Extremal Cause was CAUSE OF DEATH.  CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
PART II. DEATH WAS CAUSED BY:    HomeDiate Cause (a)   Coronary Sclerosis with thrombosis, right	
IMMEDIATE CAUSE (a)   COPONARY SCLEPOSIS WILL THROMOSIS, FIGHT	ERVAL BETWEEN SET AND DEATH
Canditions, if ony, which gave rise to immediate couse (o), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  Also ald left myocardial infarction due to sclerosis of left artery.  200. EXTERNAL CAUSE WAS PRIMARY ID or CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	6 hrs.
gave rise to immediate couse (o), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  Also old left myocardial infarction due to sclerosis of left artery.  20a. Extremal Cause was PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
(o), stating the underlying DUE TO cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  Also old left myocardial infarction due to sclerosis of left artery.  200. EXTREMAL CAUSE WAS PRIMARY ID or CONTRIBUTING D  CAUSE OF DEATH.  206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  Also old left myocardial infarction due to sclerosis of left artery.  20a. Extremal Cause was primary of contributing 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  Cause of Death.	
Also old left myocardial infarction due to sclerosis of left artery.  200. EXTERNAL CAUSE WAS PRIMARY EL OF CONTRIBUTING   206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  206. CAUSE OF DEATH.	
	19. WAS AUTOPSY PERFORMED?
	YES NO
S 200 TIME OF INHERY Month Day Yang 200 INHEST OCCURRED 200 BLACE OF INHEST NO. 100 CO. 1	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Poctory, street, effice bldg., etc.)  While Nat while of work of wark at work of wark at work of wark at work of wark.	
21. I certify that I took charge of the remains described above, held an Autopsy XI, Inspection K., InquiryXI	L and find that
death resulted from: Natural causes Accident , Suicide , Hamicide , Undetermined cause .	,
SIGNATURE Denedent Skitarella M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
ASSISTANT MEDICAL EXAMINER	
PEXAMINER'S NAME (Type) Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER May 2, 1960	
22d. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
Burial 5/2/60 S. S. Peter & Paul's Cumberland, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	/RE
Charles L. George, Cumberland, Md. DATE MAY 4 '60 Circles & H	cased



LAND STATE DEPARTMENT OF HEALTH

5288 CERTIFICA	TE OF DEATH 05232
1. PLACE OF DEATH COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Maryland b. COUNTY Allegany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LONGCONING	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Lonaconing
or INSTITUTION Douglas Avenue	d. STREET ADDRESS Douglas Avenue  o. IS RESIDENCE ON A FARM? YES NO
3 NAME OF First Middle DECEASED (Type or print) James	Jones 4. DATE Month 27 19 60
5. SEX Male    6 COLOR OR RACE   7 MARRIED	B DATE OF BIRTH  9 AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HR: lost birthdoy)  Manths Days Hours Min  55 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU: during most of work ng life, even if retired).  CELANCASE WORKER	Lonaconing, Maryland U.S.A.

	Douglas	Avenue		/ Dougl	Las A	venue		YES NO
	3 NAME OF DECEASED (Type or print) Ja	First LMES	Middle	Jones	4. DATE OF DEATH	May	2700	19 60
ľ	5. SEX 6 COLOR OR 8 Whit	Minutes Tab	D	July 8. 190		4 3 44 4 4	under 1 YEAR anths Days	Hours Min
1	10a. USUAL OCCUPATION (Give kind of during most of work no life, even if r	work done 10b KIND OF	F BUSINESS OR INDUST	,		varyland		S.A.
1	Edward Jones			14. MOTHER'S MAIDEN N				
	15. WAS DECEASED EVER IN U. S. ARMEI (Yes no, or unknown) (If yes, give wor or do		Mr	ormant s.James Jor	les	Address Lonaco:	ning,	Md.
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT	D BY: USE (o) (b) OTO (c) T CONDIT ONS CONTRIBE	uting to DEATH BUT N				ONS	WAS AUTOPSY PERFORMED?
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE OF CONTRIBUTING CAUSE OF DIFFERENCE OF CAUSE O	DEATH INER)		(Enter noture of injury in F			15	15.4.4

MEDIC factory, street, office bldg., etc.) Hour o.m. While Not while 19 at work 🔲 at work p. m. 196 Othat (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram.

and that death accurred at 2 43M, from the causes and an the date stated above. saw the deceased alive an 226 DATE SIGNED

ATTENDING PHYS. MED DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type

DNACON

5/30/60 cemetery or crematory el Hill Cemetery BUR AL CREMATION 23Ь. 23c NAME OF 23d LOCATION (City town, or county) Md. BYONG Spacify Laurel Moscow, **ADDRESS** 

24 FUNERAL DIRECTOR'S SIGNATURE George Eichhorn

Lonaconing. Md. 25g REC'D BY REGISTRAR

25b REGISTRAR'S SIGNATURE Cathan S. Kraus

and campletely filled by the funeral director ban papers. Pages I and 2 should be filed with may: Named by the hospital or attending physician pagm 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages thm State Board of Measth prior to bursal, cremation, ar remayal, and in any eyent within 72 hours after death

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

ours after death. Page 4

TO HOS VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

5280 CERTIFICATE OF DEATH

05233

· *	~~00	CERTIFI	CAIL	OF DEA			0000	J
PLACE OF DEATH			2.	USUAL RESIDENCE	E (Where deceased		an Residence be	efare admission)
4. 0001111	Managara	MARYL	AND		yland	b. COUNTY	Allega	any
b. CITY OR TOWN (I RURAL and give no	faulside corporare limits, write earest town)	c. LENGTH OF STAY II	N Ib	c. CITY OR TOW	N (If autside carpo	rate limits, write R	URAL and give n	nearest town)
	stburg			Lona	coning			
OR INSTITUTION	AL (If not in hospital, give street	_ `		d. STREET ADDR		_		ON A FARM?
	<u>liners Hospit</u>				kamp, Si	J 4		
NAME OF DECEASED (Type or print)	LESLIE	Middle	JON	IES	4. DATE OF DEATH	5/25/	1960	Day Year
S. SEX	6 COLOR OR RACE 7. MAR	RIEDIA NEVER MARRIES	B D/	ATE OF BIRTH	1	9 AGE (In years	IF UNDER TYE	AR IF UNDER 24 HR
Male	White WIDOW			1/6/ 1	394	last birthday) 66 yrs.	Months Days	s Haurs Min
during mast of war!	ON (Give kind of work done 10bking life, even if retired)	KIND OF BUSINESS OR	INDUSTRY			1.00		OF WHAT COUNTRY
Janit	or				coning,	MD.	0.8	S.A.
3. FATHER'S NAME			14	I. MOTHER'S MAI	DEN NAME			
Edwar	d Jones			Rose	Clark			
	R IN U. S. ARMED FORCES? 16 (If yes, give war or dates of service)	SOCIAL SECURITY NO.	17, INFOR	MANT		Addi	ress	
No		16-65-580	6 Mrs	Lesl	ie Jones	s. Lona	coning	Md.
	ATH [Enter anly one cause per I				Vife), -			TERVAL BETWEEN
	TH WAS CAUSED BY:	3 1	) 1	N	ا اعليه	0	O	NSET AND DEATH
1400	IMMEDIATE CAUSE (a)	Janes V	MAIS	احدده	cal-fee	illic		36 Mars
1 1 7 (	DUE TO	1	()	-	/			
Conditions, if a		aleurs	clei	2515				years
gave rise to i cause (a), stating								1
lying cause last.	(c)							
PART H OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT	RELATED TO THE	TERMINAL DISEASI	CONDITION GIV	EN (N PART 1(a)	19 WAS AUTOPS'
5 On	me brown	chila,	3/m	cheal	asth	ua Ev	willer -	YES NO
PART H OTH	AS UNDERLYING   20b. DE: 	CRIBE HOW INJURY OC	CURRED (E	nter nature af inju	ery in Part I ar Parl	(I of item IB)	11	·
20c TIME OF INJUR Hour a m.	Y Manth, Day, Year 20d	INJURY OCCURRED	20e. PLACE (	OF INJURY (Home	e, farm, 20f (City	ar tawn)	(Caunt	ty) (Stat
Hour a m.	While	Nat while	foctory,	street, affice bld	g., etc.)		(	,
₹ p. m.	19 at wa	rk at wark				4.		
21. I certify the	it (I) (this haspital) atten	ded the deceased f	ram. Js.	b = 21	12 L.Tta .!	Hay 2	S. 1960.	that (I) (we) la
saw the deceas	sed alive an Jille 3	5 19 6 9 and 1	that deat	h occurred at	M, fram	the causes an	d an the da	ite stated abay
22a. SIGNATURE	2 . C	Partings on			£			22b DATE
1710	Muly X	(LAVI	M D	ATTENDING	MED DIRECTOR	STAFF PHYS	Ę	5-26-G
22¢ PHYSICIAN'S				22d. ADDRESS				
NAME (Type)	MILES VI	P. MD.		For	10011	1 ma		md.
23a. BURIAL, CREMATIC	Tour Bree Williams	The MANE OF COLUM	TERV OR CO	EMATORY .	122 10513	1011 (61-11)		(0)
REMOVAL (Specify)	E 100 /3 0/0	23c NAME OF CEME			230 LOCA	ION (City, town, i	or county)	(State)
		St. Mary	s Cem	etery		coning,	Md.	
4 FUNERAL DIRECTOR		ADDRESS		25a	MAY 2 7 6		STRAR'S SIGNAT	
George Ei	chhorn, Lor	aconing.	Md.	DA	IEMINI & ( U		- 1 Marie	

TO HOST AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Yours after death. Page 4 may it reliable by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon proper. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 fours after death. VR A1S (4) 1SM 9/59



05234

	1, PL o.	ACE OF DEATH COUNTY	EGANY		Modotykustko	a. STATE	NCE (Where decease RYLAND	ed lived. If instituti b. COUNTY	on: Residence befo	re admission)		
	(	CUMBERLYAN		7 !	DAYS	P	WN (If outside corp	porate limits, write R	URAL and give ned	orest town)		
On _	d	MEMORIAL	HUSPITAPIOI, give & WARWICK AV	street address)		/d. STREET ADI	BOONE STR	EET		e. IS RESIDENCE ON A FARM? YES NO		
	DE	AME OF CEASED	First		Middle	Last	4. DATE OF	Mon	ith Do	y Year		
		ype or print)	EDWA		Ρ.	KAYLOR	DEATI	1,154.1	6	19 60		
	5. SEX			_	EVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday)	Months Days	Hours Min.		
		MALE	1	DOWED	DIVORCED	APRIL 2	1897	63 yrs.	5073	THOUS MAIN.		
	10a t	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			BUSINESS OR INDU	STRY 11. BIRTHPLAC	E (State or foreign	country)	12. CITIZEN OF	WHAT COUNTRY?		
	Lua	r rorme	n	Rai	lroad	MARY	LAND TOW	ncreek	U.S.	A		
	13. FA	ATHER'S NAME				14. MOTHER'S M	IAIDEN NAME					
		ADAM KAY	LOR			ANNE	LARGENT					
1	15. W	AS DECEASED EVE	R IN U. S. ARMED FORCES	4		NFORMANT		Add	ress			
	17000	No	(ii yes, give well of dales or service	710-	09-6Id0M	EMORIAL H	OSPITAL	CUMBERL	AND, MD.			
1	11	2 2	TH [Enter only ane cause		^	9,			LINTE	RVAL BETWEEN		
		PART I. DEATH WAS CAUSED BY: ONSET AND DEATH THE MEDIATE CAUSE (a) ONSET AND DEATH										
		DUE TO H O 11/										
	.	Conditions, if	and the N	None 5	e la sec	V Var	feet h	fe 20 -	-			
		gove rise to in	nmediote (	7	13-12-	repe	way	- Care				
		couse (a), stoting : lying couse lost.	the Under-	121	es a ma	- Ass	-1-1-		_			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING OCCURRED (Enter noture of injury in Port I or Part II of item 18.)  30 CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION C									(EN IN BART 1/a) 1	9. WAS AUTOPSY		
									EN IN PART ((b))	PERFORMED? YES NO		
		0a. ACCIDENT WA OR CONTRIBUTING F EITHER, NOTIFY	S UNDERLYING   201 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HO	W INJURY OCCURRE	D (Enter noture of i	njury in Port I or Pa	irt II of item 18.)				
	WEDICAL 20	c. TIME OF INJUR		20d. INJURY OC		ACE OF INJURY (Ho	me, form, 20f. (Cil	ly or town)	(Caunty)	(State)		
	MED.	Hour o.m.	19	While Not		ctory, street, office b	ldg., elc.)	-//				
	2		t (I) (this hospital) ø			2/7/60	12 ta	5/6/60	// 10 15	at (I) (we) last		
		ow the deceas	0. //	1/2 100		leath accurred						
		20 SIGNATURE	11,400	7 800	/ dila indi t	edili decorred	di <u>z 4 9 jer, - 11 dil</u>	The cooses on	d on the date	22b.DATE		
	ľ	- / X/	Millie	(12-2		M.D. PHYS.	MED DIRECTOR	STAFF		SIGNED		
	1	26. PHYSICIAM'S				22d ADDRESS						
		NAME (Type)D	R. R.J.WILLI	AMS		122	S. CENTRE	ST., CUM	BERLAND,	MD.		
	23o B	BURIAL, CREMATIO	N, 23b. DATE THEREOF	23c, NA	ME OF CEMETERY C			ATION (City, town, o		(State)		
	É	Surial (Specify)	5-9-60	Hi	llcrest	Burial F		mberland		(0.0.0)		
		INERAL DIRECTOR'S			ORESS	2	5a. REC'D BY REGIS	TRAR 256 REGIS	STRAR'S SIGNATUR	RE		
	J	ames F.	Scarpelli	Cumbe	rland, Md	• 0	ATEMAY 1 1 'E	50				
1							- EDALL 1	(),)	has & House			

ours ofter death. Page 4 as by the funeral director, and 2 should be filed with AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h may transfer by the hospital or attending physician.

TO FUNKAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after death. TO HOS VR A15 (4) 15M 9/59

M



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5232

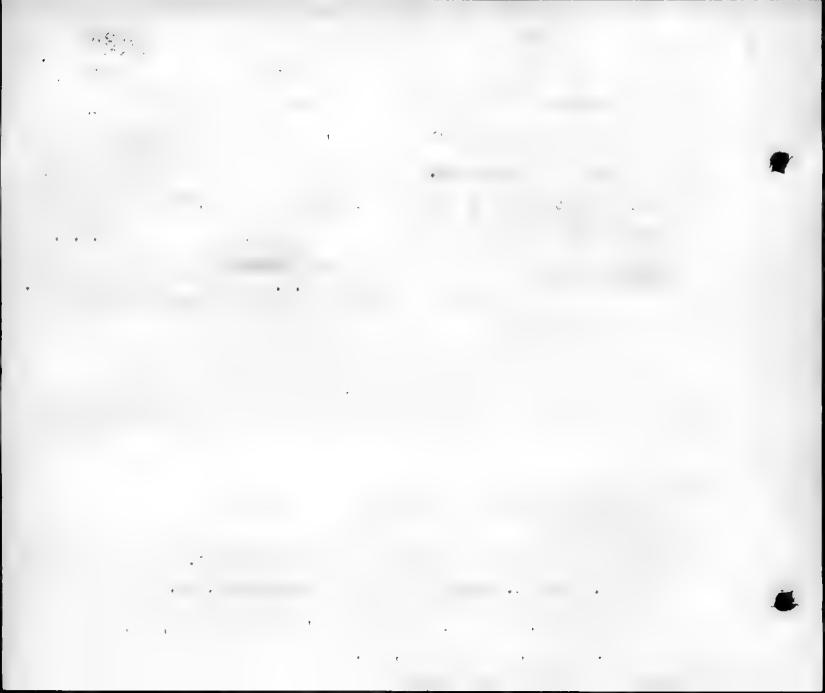
### **CERTIFICATE OF DEATH**

...05235

1		Rog. Daniela ()
	1. PLACE OF DEATH Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution o. STATE Mary Land b. COUNTY Allegany
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) 5/23/58	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR NATIVE Bany County Infirmary	/ d STREET ADDRESS Nat'l Highway, Narrows Park    On A FARM?   No
	3. NAME OF DECEASED (Type or print) Mary Henrietta	Keller 4. DATE Month Day Year 1960
	5. SEX Female  6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  2/14/75  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.   Mi
	10a. USUAL OCCUPATION (Give kind of work done during association of retired)  Own Home	STRY 11. BIRTHPLACE (Stote or foreign country)  Maryland  12.CITIZEN OF WHAT COUNTRY?  U.S.A.
,	13. FATHER'S NAME Richard Dender	Mary Gesner
	(Yes, eo. or apknown)   fif was give wer or doles of personal	NFORMANT P.O. Box 599 Addr@umberland,Md. legany County Infirmary Records
	Jenele ps	INTERVAL BETWEEN ONSET AND DEATH  CARTERIAS CLEROSIO  NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DE  NO (Enter noture of injury in Port 1 or Port 11 of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED thour o.m., p. m. 19 While of work of work alive an 5/8/60 , 19 , and that death signature physicials broad E. McLean	Cumberland, Md.
		& Paul's Cumberland, Md.
	23. FUNERAL DIRECTOR'S SIGNATURE Charles L. George, Cumberland, M	Ad. DATE MAY 1 1 '60 24b. REGISTRAR'S SIGNATURE

TO HOS FOLLOR ATTENDING PHYSICIAN: The name requirement of the altending physician and completely filled in by the funeral director, TO FUN. At DIRECTOR: After this certificate has been signed by the altending physician and completely filled in by the funeral director.

TO FUN. A DIRECTOR: After this certificate has been signed by the altending physician and completely filled in a shared by the funeral permit. Then please remove carbon popers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in ony event within 72 hours after death.



VR A1S (4) 15M 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

5233

05236

	1. PLACE OF DEATH  o. COUNTY  ALLEGANY	MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE MARYLAND b. COUNTY ALLEGANY
	b. CITY OR TOWN (If outside corporate fimils, write RURAL and give nearest town) CUMBERLAND	C LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  CUMBERLAND
5	d. NAME OF HOSPITAL (MEMORIAL BITHOSP) WARWICK & MEMORIAL HOSP	ITAL AVENUES	d STREET ADDRESS  38 N. LIBERTY STREET  • IS RESIDENCE ON A FARM? YES □ NO ★
	3. NAME OF First (Type or print)	Middle Jane	Last 4. DATE Manih Day Year OF DEATH MAY 14, 19 60
		TO CONTRACT TO CONTRACT CONTRA	B. DATE OF BIRTH 9 AGE (In years   1F UNDER 1 YEAR IF UNDER 24 HRS   Industry   Industry
i	FEMALE WHITE WIDOWE	DIVORCED [	SEPTEMBER 25, 1881 78 yrs.
	100 JSUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) Housewife  01	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country)  WEST VIRGINIA  U. S. A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
	Mosés ROBINSON		MARY MALONE
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO 17, IN	FORMANT Address
	No.	None M	EMORIAL HOSPITAL - CUMBERLAND, MD.
	1B. CAUSE OF DEATH [Enter only one cause per lim	e for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o):	470000	Octowates party
	472 DUE TO		1 Deir 6
	Conditions, if ony, which ) (b)		Vesternor diane 771
	gave rise to immediate couse (a), stating the under-		Torant dias 2 1 1
	lying cause lost.		for animie v
)	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?  YES \(\sigma\) NO \(\frac{1}{2}\)
	20b DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Port II of item 18 )
	Hour a.m. While	Not while at work   20e. PL	ACE OF INJURY (Home, farm, ctary, street, office bldg., etc.) 20f. (City or town) (County) (State)
	21 I certify that (I) (this haspital) attended	ed the deceased fram	7-4- 1953 to 5. 14', 19600 that (1) (we) last
	saw the deceased alive an 51/4	1960 and that c	leath accurred at 8:40, Archistne causes and an the date stated above.
	220 SIGNATURE		ATTENDING AND STAFE SIGNED
	MM X Plan	leaven	ATTENDING MED. STAFF SIGNED PHYS SIGNED
	22c PHYSICIAN'S NAME (Type)		22d ADDRESS
	DR. W. F. WILL	LAMS	122 S. CENTRE ST., CUMBERLAND, MD.
	23g BURIAL, CREMAT ON, 23b, DATE THEREOF	23c NAME OF CEMETERY O	
	Burial 5/16/60	Bethel Cen	netery Bedford Valley, Penna.
	24 FUNERAL DIRECTOR'S SIGNATURE H. Wayne George Cum	berland, Md	250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
		-	DATE MAN



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 5234 CERTIFICATE OF DEATH

05237

utside corporate limits, est town)  OSP TAL'II, give WARWICK AV  First BABY  COLOR OR RACE 7	8 HRS. 9 N	MIN. $ imes$	I. STREET ADDRESS		rote limits, write R (RURAL)	URAL ond	give nec	rest town	)
WARWICK AN First BABY	VES. Middle	/ d							
BABY			ROUT	E 5					IDENCE FARM? NO [
. COLOR OR RACE 7	501		Last KL I NK	4. DATE OF DEATH	Mon MA Y		Do		Year 19 60
WHITE W	MARRIED NEVER MARRIED	<u>" LØ</u>	E OF BIRTH Y 1, 1960		9. AGE (in years last birthday) yrs.	Months	Doys	Hogs	Min.
life, even if retired)	10b. KIND OF BUSINESS OR	R INDUSTRY 1	1. BIRTHPLACE (Stot	e or foreign co		1			OUNTRY
141 5 4 114		14.							
	\$7 16. SOCIAL SECURITY NO.	17, INFORM		. LEHR	Add	ress			
yes, give war or dates of servi	ce)		HAL HOSPI	TAL	CUMBE	RLAN	). M	D.	
PART II. DEATH WAS CAUSED BY: INMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate couse (a), stating the under- lying couse last.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED? YES NO  200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF ETHER, NOTHEY MEDICAL EXAMINER)  201. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF ETHER, NOTHEY MEDICAL EXAMINER)									
	20d INJURY OCCURRED While Not while at work at work	20e. PLACE OI factory, s	F INJURY (Home, fai treet, office bldg., e	rm. 20f. (City	or town)	(	County)		(State
21. I certify that (i) (this haspital) attended the deceased from									
23b, DATE THEREOF 5/2/60									
	ADDRESS	yland							
	WAS CAUSED BY: MEDIATE CAUSE (a) DUE TO Which Mediate E under:  Which Month, Day, Year  Was CAUSED BY: MARCHITE CAUSE (a) DUE TO Color To	SKLINK  IN U. S. ARMED FORCES? Yes, give war or dates of service)  H [Enter only one cause per line for (a), (b), and (c).]  H WAS CAUSED BY: MEDIATE CAUSE (a)  DUE TO  Color of the color	KLINK   I.A.   I.A.	CUMBERLA  I.4. MOTHER'S MAIDEN  HELEN G  IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Yes, give were or doles of service)  None  HEMORIAL HOSPI  HEMORIAL HOSPI  HEMORIAL HOSPI  WAS CAUSED BY:  MEDIATE CAUSE (a)  DUE TO  (b)  R SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/RELATED TO THETER.  UNDERLYING   1/2  I CAUSE OF DEATH  EDICAL EXAMINER;  Manth, Day, Year  While of work of	CUMBERLAND, MD  14. MOTHER'S MAIDEN NAME  HELEN G. LEHR  IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  MEMORIAL HOSPITAL  H [Enter only one cause per line for (g), (b), and (c).]  WAS CAUSED BY:  MAEDIATE CAUSE (g)  DUE TO  CC)  R SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/RELATED TO THETERMINAL DISEAS  UNDERLYING  19. CONTRIBUTING TO DEATH BUT NOT/RELATED TO THETERMINAL DISEAS  WAS CAUSED BY:  MAINTH, Day, Year 20d INJURY OCCURRED While Not work of work	CUMBERLAND, MD.  14. MOTHER'S MAIDEN NAME HELEN G. LEHR  NO DE  HENT OND COURSE IT IS SOCIAL SECURITY NO.  NO DE  HENT ONLY INCOMANT  MEMORIAL HOSPITAL  CUMBE HELEN G. LEHR  NO DE  HEMORIAL HOSPITAL  CUMBE HELEN G. LEHR  NO DE  HEMORIAL HOSPITAL  CUMBE HELEN G. LEHR  NO DE  HEMORIAL HOSPITAL  CUMBE HELEN G. LEHR  Add  Add  Add  HELEN G. LEHR  NO DE  HEMORIAL HOSPITAL  CUMBE HEMORIAL HOSPITAL  CUMBE  HELEN G. LEHR  NO DE  HELEN G. LEHR  HELEN G. LEHR  HELEN G. LEHR  NO DE  HELEN G. LEHR  HELEN G. LEHR  HELEN G. LEHR  NO DE  HELEN G. LEHR  HELEN G. LEHR  HELEN G. LEHR  NO DE  HELEN G. LEHR  H	CUMBERLAND, MD.  II. MOTHER'S MAIDEN NAME  HELEN G. LEHR  IN U. S. ARMED FORCES? II. SOCIAL SECURITY NO.  II. MOTHER'S MAIDEN NAME  HELEN G. LEHR  NONE  MEMORIAL HOSPITAL  CUMBERLAND  ATTENDING  MILL HOSPITAL  MONTH, Day, Year  While Not while of work of twork of the decased from  M.D. PHYS.  MEMORIAL HOSPITAL  ATTENDING  MED. STAFF  PHYS.  MED. STAFF  PHYS.  MEMORIAL HOSPITAL  ATTENDING  MEMORIAL HOSPITAL  MEMORIAL HOSPITAL  CUMBERLAND  M.D. PHYS.  MED. STAFF  PHYS.  MED	CUMBERLAND, MO.  14. MOTHER'S MAIDEN NAME  HELEN G. LEHR  NO. LEHR	CUMBERLAND, MD.  II. MOTHER'S MAIDEN NAME HELEN G. LEHR  IN U. S. A. ARMED FORCES?  II. MOTHER'S MAIDEN NAME HELEN G. LEHR  IN U. S. A. ARMED FORCES?  III. MOTHER'S MAIDEN NAME HELEN G. LEHR  IN U. S. A. ARMED FORCES?  III. MEMORIAL HOSPITAL  CUMBERLAND, MD.  INTERVAL BE ONSET AND  MEMORIAL HOSPITAL  CUMBERLAND, MD.  INTERVAL BE ONSET AND  IN

VR A15 (4) 15M, 9/59 Novs 6/1

TO HOSP TO BE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after demay that the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled. By the form page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 habre, after death.

Page 4

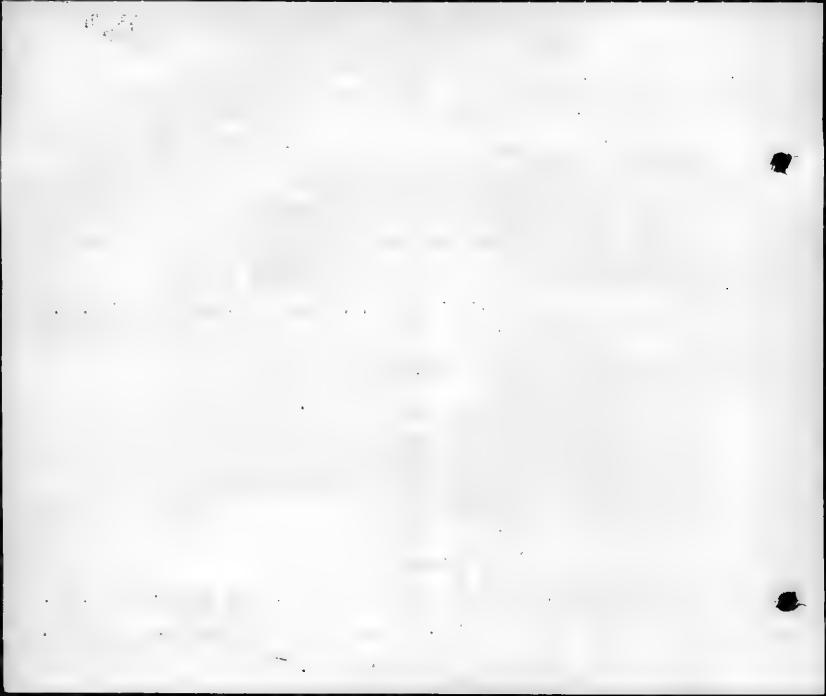


VR A15 (4) 15M 9/S9

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

()	20	9	3	O
41	U	14	U	a

1. PLACE OF DEATH o. COUNTY				2. USUAL RES	IDENCE (W	here deceased	lived. If instituti	on: Residence b	efore admi	ssion)
	Allegan		MARYLAND		Mar	yland	a. COUNT	Alle	gany	
b. CITY OR TOWN ( RURAL and give n	(If autside carporate limit learest town)	ts, write	c. LENGTH OF STAY IN 16	c CITY OR	TOWN (IF	outside carpor	ote limits, write R	URAL and give	neorest tow	vn)
Frost	burg		Lifetime	* *	Fro	stbur	g			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	address)	d. STREET	ADDRESS				e. IS RE	A FARM?
Miner	Is Hosp:	ital		70	S.	Water	Street	5		NOX
3. NAME OF DECEASED	Fire	st	Middle	lo	ist	4. DATE	Mon	th	Day	Yeor
(Type or print)	Ma	ry	Elizabet	h Koeg	gel	DEATH	Maj	7 2	Oth,	19 60
5. SEX	6 COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIRT	ГН		P AGE (In years lost birthday)	Months Do	_	T
Female	White	WIDOWE	DIYORCED	April 3	rd,1	.886	74 yrs	Months Day	ys Hours	Min.
10o. JSUAL OCCUPATION during most of wor	ON (Give kind of work of	done 10b.	KIND OF BUSINESS OR INDU	STRY 11 BIRTHP	LACE (Slate	ar foreign co	untry)	12. CITIZEN	OF WHAT	COUNTRY?
Housewi		Ow			ryla				USA	
13. FATHER'S NAME	_			14. MOTHER	S MAIDEN	NAME				
John Ge	is			Juli	la La	ממ				
15. WAS DECEASED EV	ER IN U. S ARMED FOR		SOCIAL SECURITY NO. 17.1	NFORMANT			Add	ress		
trans not on surrigarity	(ir yes, give wor or dales or se	21.7	7-30-1309B	J.C.Koe	egel.	70 S.	Water S	t P41	hø . Mé	١.
1B. CAUSE OF DE	ATH   Enter anly one co	use per lir						11	NTERVAL B	BETWEEN
PART I. DE	ATH WAS CAUSED BY	m	dustale	1 1/10	111	non	a	10	ONSET ANI	D DEATH
175	DUE TO	710	1 171	1-4	and)	40.00			14	ear
Conditions, if	any which )		Lekt	724	Us,	7			1	
gave rise to	immediate (									
couse (a), stating	the <u>under-</u>				7					
	. ) (c)		ONTRIBUTING TO DEATH BU	T NOT RELATED TO	O THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 10	o) 19. WAS	AUTOPSY
ATIO									PERF	ORMED?
20g ACCIDENT W	AS UNDERLYING []	20b. DESC	CRIBE HOW INJURY OCCURRI	ED (Enter noture	of injury in	Port I ar Port	II of item 18.)		1.25	7
OR CONTRIBUTION	G CAUSE OF DEATH ( MEDICAL EXAMINER)									
20c. TIME OF INJU	RY Manth, Day, Yes	20d. It While		LACE OF INJURY octory, street, office			ar tawn)	(Cour	nty)	(State)
p. m.	19		k of work							
21 I certify the	at (1) (this haspital	attend	led the deceased fram.	143 4	Ž 19	2 ta	may:	V: 1960	that (1)	(we) last
saw the decea	ma	42		death accurre	8.15	- 1	// /-			
220. SIGNATURE	1, 1000	1								2b. DATE
	ルロバ		inl	M.D PHYS.		AED.	STAFF PHYS	May	2/101	SIGNED
22c PHYSICIAN'S	- 0 ///	1		22d. ADDE				110-1	1-1/6	<i>U</i>
NAME (Type)	W. O. M	cLan	e.	11 76	7 E.	Main	St Fr	ostbu	ro. N	1d
23a. BURIAL, CREMATIO			23c. NAME OF CEMETERY	OR CREMATORY		23d LOCAT	ION (City, town,			ote)
Burial Specify	5-23-6	50	F'bg.Memor		rk	Fro	stburg.		1	Md.
24 FUNERAL DIRECTOR			ADDRESS	-Q + Q-		'D BY REGISTI	RAR 256 REGI	STRAR'S SIGNA	ATURE	10.4
1/2	1	Fr	costburg, Md		DATEMA	Y 23 '60	) Ch	thur S. Th	ALLA	
		- 4-4	COUNTE 100							



# MARYLAND STATE DEPARTMENT OF HEALTH 52050N OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05239

o. COUNTY	Allegans	MARYLAND	o. STATE	b. COII	titution Residence before admission)						
I come on Tours	Allegany		Maryl		Allegany						
RURAL ond give i	(If outside corporate limits, write nearest town)		CITY OR TOWN (IF	outside corporate limits, wri	ite RURAL and give nearest town)						
Cumberla	and	65 years	Cumberland								
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give street	et address)	d. STREET ADDRESS		e. IS RESIDENCE						
	r Street		34 Weber S	tweet	ON A FARM? YES ☐ NO 🕱						
NAME OF DECEASED	First	Middle	Lost	OF	Month Day Year						
(Type or print)	Carl	Hodgson	Koerner	DEATH May	7 14 19 60						
SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In ye							
Male	White WIDOV	WED DIVORCED	Feb 20,1895	lost birthick	yrs Months Doys Hours Min.						
	ION (Give kind of work done 10)				12.C TIZEN OF WHAT COUNTRY						
during most of wo	rking life, even if retired)	C RIND OF BOSINESS ON HADE	Jaki II. diami Dice (sion	, or raidign cooming							
Retired	machimist	B &O R. R.	Maryland		U.S.A.						
. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME							
F. S. Ko	erner		Susan Gr	• 00							
		6. SOCIAL SECURITY NO. 17.1	NFORMANT	2). 1/-1-	Add Street.						
Yirs. no ar unknows)	(If yes, give war or dates of service)				•						
No		05-05-9457 Mr	s. Nellie Koe:	rner Cumber]	land, Maryland						
18. CAUSE OF DE	ATH [Enter only one cause par-	(une for (a), (b), and (c),	-4	(	INTERVAL BETWEEN						
PART I. DE	ATH WAS CAUSED BY.	- Its - I	· Alaka	~ /r-	ONSET AND DEATH						
4100	IMMEDIATE CAUSE (o)	C - C - Car	71	had took	- Constant						
フィ	DUE TO		10 11-	10	C Q.						
Conditions, if		Lonary	11 Sou	Mars	and Tree						
gove rise to immediate COUE TO											
lying couse lost. (c)											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSYPERFORMED?											
YES AND											
PART II. OT	/AS UNDERLYING ☐ 20b. DE G ☐ CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURR	ED (Enter noture of injury in	Port I or Port II of item 18.	.}						
(IF EITHER, NOTIF	Y MEDICAL EXAMINER)										
20c. TIME OF INJU	JRY Month, Doy, Year 20d.	INJURY OCCURRED 20e P	LACE OF INJURY (Home, for	m. 20f. (City or lown)	(County) (State						
Hour o m.		- £	actory, street, office bldg., et	c)	()						
p. m.	19 ol w	ork ot work									
21   certify th	at (I) (this haspital) atter	nded the deceased from	2/7/52 .19	5/14/6	0, 19, that (I) (we) las						
and the same of th	1 // . ~ /> /> /> /> /> /> /> /> /> /> /> /> />										
220 S GNATUR	ased alive on 5/1	AND IT and that	dearn accurred at	ivi, rram rne causes	and on the date stated above						
220/5 GNATURE	MIMM	lucy -	ATTENDING AL N	MED STAFF	- /- / SIGNE						
Richar	ra J. William	18. M.D.		PHYS.	5/16/60						
222-PHYSIC ANS			22d, ADDRESS								
	hard J. Willi	ama M D	122 S. C	Centre St.	Cumberland, Md						
3a BURIAL, CREMATI REMOVAL (Specify	ON, 236 DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, to	wn, or county) (Stote)						
Burial	″ 5/17/60	Rosehill Ce	metery	Cumberland	Maryland						
. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		D BY REGISTRAR 25b	REGISTRAR'S SIGNATURE						
	013	-3 3 Man-	land DATE	MAY 2 0 '60	arthur S. Keaus						
Puth E.	STICAY (DISDA	rland Marv	LANG DAIL	EIVI TO TO							

by the funeral director, and 2 should be filed with urs after death. Page 4 TO HOSP FAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 1 may be comed by the hospitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or remayol, and in any event, within 77 mays after death. VR A15 (4) 15M 9/59

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4	ertificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the function. Page 4 should be	0	ā	
The MEDICAL EMAMINER: This certificol should be executed within 24 hours ofter death. If any detay is necessory, please exe-	9	In to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your	VERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,	_
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VS. A15ME(S) SM 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
5235 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
Reg. Dist. No. 240

}	PLACE OF DEATH					2. USUAL RESIDENCE (V	Vivere decea			ce before a	dmission)		
4	6 D D	any		MARYLAI	ND	e. STATE Marv]	land	b. count	M All	e.ran	Ç.		
ľ	b. CITY OR TOWN (If outside and give negrest town)		RURAL	c. LENGTH OF STAY IN	Ъ	c. CITY OR TOWN (If	outside car	porote limits, write	RURAL and	give negresi	e. IS RESIDENCE ON A FARM? YES NO DI Y Year 3 19 0 O R IF UNDER 24 HRS. Hours Min. OF WHAT COUNTRY? S. A. FERNAL BETWEEN ISET AND DEATH SHOULD HTS. YEARS		
1	Cumberland			1 day	- II	Xut Sava	re						
ı	d. NAME OF HOSPITAL C	R INSTITUTION (I	f not in hospi			M. STREET ADDRESS e. IS RESIDENCE							
	Allewany Co	ounty -r	ıfirma	arv		Old Row							
F	3. NAME OF	Firs	1	Middle		Lest	4. DATE	Moni	h	Day	Year		
ı	OFCEASED (Type or print)	SSIE		A . T.	AS	HBAUGH	OF DEATH	5		1.3	1930		
			7. MARRIED	NEVER MARRIED	and the same	DATE OF BIRTH		9. AGE (In years	IFUNDER T	YEAR IF U			
	F	W	WIDOWED		1	-29-22		Foul birthdayt 37 yrs.	Months D	lays Hou	Mln.		
	10c. USUAL OCCUPATION (C during most of working life	Give kind of work on, even if relired)	ione 10b, Kit	ND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (Stote	or foreign	country)	12. CITIZ	EN OF WH	AT COUNTRY?		
	dousework		Own	home		Maryland			U	SA			
П	13. FATHER'S NAME				1	14. MOTHER'S MAIDEN N	IAME						
L	Harry Mill					Edna Cox							
I	15. WAS DECEASED EVER IN	U. S. ARMED FOI		OCIAL SECURITY NO.	7. INF	ORMANT		Address					
	No	None		None	Nr.	s. Charles	Rob	ertson.	nt. S	ava, i	. Md.		
	18. CAUSE OF DEATH	Enter only one cou	se per line fo	r (a), (b), and (c), ]						INTERVAL BE	TWEEN		
1	PART I. DEATH W	AS CAUSED BY: EDIATE CAUSE (o)	Pu	lmonary E	de	ma; Perica	rdia	l Effus	ion				
	401	DUE TO											
1	Conditions, it lony,		M	ltral Sten	OS.	is, Marked	1			yes	ars		
1	gove rise to immediate												
1	couse lost.	(c).	Rh	neumatic C	ar	ditis and	valv	ulitis,	old.	70:	ars		
	PART II. OTHER S	IGNIFICANT CON	DITIONS CON	ITRIBUTING TO DEATH BE	UT NO	T RELATED TO THE TERM	NALDISEAS	E CONDITION GI	VEN IN PART				
	\$												
ı	PART II, OTHER S  20g. EXTERNAL CAUSE V PRIMARY GO CONTRIE CAUSE OF DEATH.	VAS 20	b. DESCRIBE I	HOW INJURY OCCURRED	). (Enl	er noture of injury in Port	I or Port II	of item 18.)					
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea			PLACE	OF INJURY (Home, form, street, office bldg., etc.	20f. (City	y or town)	(Coun	ty)	(Slote)		
	Hour o.m.	19	White at work	Not while of work	( Wooden't )	if tillibelt pilling mindlet our	1						
	21. I certify that	I taak charge	of the re	mains described o	ibove	e, held an Autaps	y 😨 . 1	nspectian 🛨	, Inquiry	y, and	d find that		
	death resulted fro	m: Natural (	causes 🔽	, Accident [],	Suici	de 🔲, Hamicide	, U	ndetermined	cause 🔲.	26			
1	-	,	1 0	01.	1								
ı	ACTUAL SIGNATURE	Leved	1tv	kitarel	101	M.D. CHIEF MEDICAL EX	AMINER 🖽	1		DAT	E SIGNED		
	May 4 4444 10000					ASSISTANT MEDIC	AL EXAMINE	ER 🔲					
	EXAMINER'S NAME (Type)	Benedic	t Ski	tarelic.	M.	DEPUTY MEDICAL	EXAMINER (	X May	13	1960			
1	220- BURIAL, CREMATION, 12 REMOVAL (Specify)			2c. NAME OF CEMETERY	OR C	REMATORY	22d. LOCA	ITION (City, town,	or county)	(S	fote)		
	Burial	5-16-60	1	Wethodist			lit.	Savage			Md.		
	23. FUNERAL DIRECTOR'S SIG	SNATURE	dafer	Functial H	lom	e 24g. REC'	D BY REGIST	TRAR 246. REG	STRAR'S SIGN	1 4			
	Ceulat H. Ulm	tesant !	23 E.	Hain, Fros	tb	urg I DATE M	AY 20	60	Isthur S.	Finalla			
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1	PLACE OF DEATH a. COUNTY Allegany				MARYL		2. USUAL RES a STATE Maryl		here deceased	d lived If instit b. COUN	TY	dence befo	re admiss	ilan)
		If autside carparate limi earest tawn)	ts, write	c. LENGTI	H OF STAY I	IN 1b	c. CITY OF	TOWN (If	autside carpo	rate limits, write			arest tawr	1)
	Cumberla			24 D	ays		Cumbe	rland						
	d, NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, g	give street	oddress)			d. STREET	ADDRESS					e. IS RES	FARM?
	Sacred He	eart Hospit	a]					800	5 Wash	ington	St.		YES [	NO 🔼
3	. NAME OF DECEASED	Fir			Middle		La	ost	4. DATE		lanth	Do	ıγ	Year
	(Type ar print)	Alice		-			Laughl	iin	DEATH	May	26, 1	.960		1960
4	SEX	6. COLOR OR RACE	7. MARR	IED NE	VER MARRIE	D 🔲 B.	DATE OF BIR	тн		9. AGE ( n yea	n IFUNC	DER 1 YEAR	_	
	Female	White	WIDOWE	D KOK	DIVORCED		Nov.	24, 1	878	lost birthdoy	7 Month	13 Days	Haurs	Min.
Vi	00. USUAL OCCUPATIO	ON (Give kind of work	dane 10b.	KIND OF B	USINESS OF	R INDUST	RY 11, BIRTHI	PLACE (State	ar foreign c	auntry)	12.0	CITIZENOI	F WHAT C	OUNTRY
	Housefil	king life, even if retired	, (	Own h	ome		Gra	fton,	W. 1	Va.		U.S	.A.	
<b>/</b> ī	3. FATHER'S NAME						14. MOTHER	'S MAIDEN	NAME					
1	Patrick B	Flannery					Mary	Lang	gley					
1	S. WAS DECEASED EVE	R IN U S. ARMED FOR		SOCIAL SEC	CURITY NO	17, INF	ORMANT			A	ddress	Cumb	. MC	1.
1	Yas, no or unknown)	(If yes, give war or dales of s	ervice)	None		Mrs	. J.	Howan	rd We	lsh 80	6 Wa	shin	gtor	1 St
F		ATH [Enter only one co	use per lin	ne for (a), (i	ble and (c)			1/		. 1	1	INT	ERVAL BE	TWEEN
		ATH WAS CAUSED BY-		teri	لمحمد	in	tin	420	wh	Vise	na	ONS	SET AND	DEATH
1	Lacist	IMMEDIATE CAUSE (d	1) 42 "	Λ	<u> </u>	L	1	4	1			0	1	
	Canditions, if a			0.	3	1	Som	al.	ten				24.11	
1	gave rise to i	mmediate (		1,	V	- 4						-		
	lying cause lost.	the under-	.1											
		HER SIGNIFICANT CON	DITIONS (	CONTRIBUTI	NG TO DEA	ATH BUT N	OT RELATED 1	TO THE TERM	INAL DISEAS	E CONDITION (	GIVEN IN F	ART 1(a)	19. WAS	AJTOPSY
	ž		_											RMED?
	PART II OTI	AS UNDERLYING 🖺	20b. DES	CRIBE HOW	' INJURY O	CURRED	(Enter nature	of injury in	Part I ar Par	t II of (tem 18.)			120	110
	OR CONTRIBUTING	MEDICAL EXAMINER					,=							
- 1			ar 20d II	NJURY OCC	HERED	20e. PLAC	E OF INJURY	(Hame, farr	n. 20f. (City	( or town)		(County)		(State
	Haur a.m.	19	While	Nat v	vhile		ry, street, affi					(**************************************		(
1			at war						10	0/		( 0		
		at (I) (this haspita												
1		sed alive anM	a.y2	D 19.0	50, and	that de	ath accurr	ed at <b>10</b>	200AMm	the causes	and an	the date		
,	22a. SIGNATURE	. hu	-1	0			ATTENDI		ED	STAFF		-1-	7/	b. DATE SIGNED
	22c. PHYSICIAN'S	n. 19m		un		M	D PHYS		HRECTOR L	PHY5		2/2	1/4	0.
		Blaine M.	Sch	indle	er		43	Gree	ne St	., Cum	berl	and,	Mid	•
-														
1	23a BUR AL, CREMATIC REMOVAL (Specify)	- 1001.	_				CREMATORY		1	TION (City, law			(Stat	te)
-	Burlal	5/28/6	U		r Par	K C	em.			r Park		ryla		
1	FUNERAL DIRECTOR		Cumh	erla		fn mer	land	250 REC	'D BY REGIST		GISTRAR'S	SIGNATU	Trans	
	** Malic	acarde	<b>◇</b> M III D	CTIG	uu, N	lary.	Latiiu	DATE	MAY 3.1	1 '60	CANON	-1 20.		

TO HOSPITAL OR ATTENDING FIFTSICIAN: The low requires that the Tenth certificate be executed within 24 hours after death. Page 4 may 1 coined by the hospital or attending physician.

TO FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and completely filter has the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 thauld be filted with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59



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VS. A15ME(S) SM 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
5238 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05	242	
Reg. Dist.	No.	

	1. PLACE OF DEATH		2. USUAL RESIDENCE		ed lived. If Institut	ion: Residence	before admis	sion)	
	Alæegany	MARYLAND	o. STATE Maryland b. COUNTY Allegany						
	b. CITY OR TOWN (It outside corporate Fmits, write RURAL ond give negres) town)	GTH OF STAY IN 16	c. CITY OR TOW	N (If outside car	porote limits, write l	RURAL and giv	nearest tow	rn)	
		90 years	OL Cumberland						
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gi		d. STREET ADDRE	SS			e. IS RE	SIDENCE	
ing.	Sacred Heart Hospital		447 Colu	mbia St.	1			NO X	
	3. NAME OF First DECEASED	Middle	Lost	4. DATE OF	Month	D	ay Ye	ia.	
	(Type or print) FRANCIS E.	LEW:	IS	DEATH	May	12	15	60	
		NEVER MARRIED [ 8.	DATE OF BIRTH		9. AGE (In years Jost birthday)	Months Day		R 24 HRS. Min.	
	Male White WIDOWED		me 29,186		95 yn.	Months Days	riours	Min.	
	10a USUAL OCCUPATION (Give kind of work done 10b. KIND Of during most of working life, even if retired)	BUSINESS OR INDUSTR	TY 11. BIRTHPLACE (S	State or foreign o	country)	12. CITIZEN	OF WHAT	COUNTRY?	
	Ret. laborer Railro	ad	West Vi	rginia		USA	SA		
	13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME					
	Charles Lewis		Anni	e Kline					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no, or unknown) [16] (If yes, give year or dotes at service)	SECURITY NO. 17. IN	FORMANT		Address				
	Yes Spanish-American	None Mr	s. Junes G	uthridge	e Cumber	cland,	Md.		
	18. CAUSE OF DEATH [Enter only one cause per line for (o),	(b), and (c).]				41	ITERVAL BETWEE	in .	
	PART I. DEATH WAS CAUSED BY:	pneumonia		46		2		in-	
	490X DUE TO						uays		
	Conditions, if ony, which ) (b)								
	gave rise to immediate cause								
	(o), stating the underlying course last.								
		TING TO DEATH BUT N	OT RELATED TO THE T	ERMINAL DISEAS	E CONDITION GIVE	N IN PART I(a	19. WAS A	UTOPSY	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS  Fractured pelvis: contus:  PRIMARY Dor CONTRIBUTING TO CAUSE OF DEATH.  PRIMARY DOR CONTRIBUTING TO CAUSE OF DEATH.						YES R	NO [7]	
	20g. EXTERNAL CAUSE WAS at 20b. DESCRIBE HOW	INJURY OCCURRED. (Er		Part I or Part II	of item 18.)		1		
	PRIMARY   or CONTRIBUTING DESCRIBE HOW CAUSE OF DEATH.	of wheelch							
		OCCURRED 20e. PLAC	E OF INJURY (Home,	form, i 20f. (City	or lown)	(County)		(Sloie)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY While 12:35 p.m. May 10, 1960 of work	Not while focto	ry, street, office bldg., TMATY	, e(c.)		Allegan	w Mar	vland	
	21. I certify that I taak charge of the remain		- commence of the commence of					-	
	death resulted fram: Natural causes X . A				ndetermined co	_	<u>, 71,</u> 1110 )	ma mai	
	772	י ל	ide [], Huant	uide [_], oi	ndereriiiiled ce	1036 [].			
	ACTUAL BO A + 18-1	relie	CHIEF MEDICA	AL EXAMINER			DATE SI	GNED	
	SIGNATURE STATE STATES	I KILLED	_M.D.	EDICAL EXAMINE	· •				
	EXAMINER'S NAME (Type) Benedict Skitarelic,	M.D.		CAL EXAMINER D	_	May 12,	1960		
	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NA	AME OF CEMETERY OR	CREMATORY	22d. LOCA	TION (City, town, o		(State	}	
	REMOVALISECITY May 15,1960 Hill	l Crest Cem	etery	- Cum	perland, I	Md.			
	and the state of t	DDRESS	240.	REC'D BY REGIST	RAR 24b. REGIS	TRAR'S SIGNA	LURE		
	Byron Kight Cumberl	land, Md.	DATE	MAY 16	00	when S. ?	HALLE		



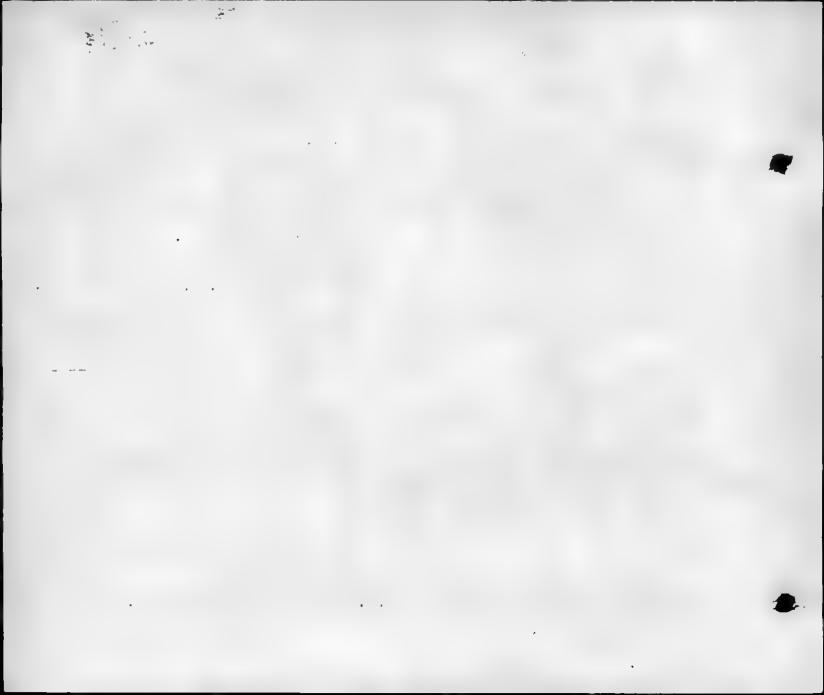
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I'm DEFOUT MEDICAL NAMININE This certifical Provid be exelluted within 24 hours offer death. If ony delay is necessary, please exe-	certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the functor. Page 4 should be	forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained for you lies.	TO FUTLINAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremotion,	E
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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

523 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH c. COUNTY Allegany MARYLAND	a. STATE Maryland b. County Allegany
b. CITY OR TOWN If outside corporate limits, write BURAL c. LENGTH OF STAY IN 1b and give recreet rown and complete the complete state of the complete sta	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) XRawlings (Rural)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Memorial Hospital	d. STREET ADDRESS Leyser, West Virginia VEST NO
3. NAME OF PICEASED (Type or print)  BOUCE HOUS IAN LILE !	ALLLYN Lost 4. DATE MAY Month 12 Day Year 60
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   0   Male   White   WIDOWED   DIVORCED   M	DATE OF SIRTH  9. AGE (in year)  1 FUNDER 14 RS.  1 FUNDER 24 HRS.  Months Days Hours Min.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Own Farm	11. SIRTHPLACE (Stote or foreign country)  Black Valc Bottom, Md.  USA  USA
Phillip Bruce Llewellyn	14. Mother's Maiden Name Margaret Price
(Yes, no. or unknown) ). (If yes, olive year or deter of variety)	.llip Llewellyn
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  COR ONARY	OCCLUSION INTERVAL BETWEEN ONLY AND TRATE.
Canditions, if any, which (b) CORONARY	SCLEROSIS
(a), sloting the underlying DUE TO	
OTA	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
	inler nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLA facts ps. m. 19 White Not work at work	CE OF INJURY (Home, farm, 20f. (City or Iown) (County) (State) ory, street, office bldg., etc.)
21. I certify that I taak charge of the remains described abadeath resulted fram: Natural causes 📆 🔎 Accident 🔲 , Sui	
ACTUAL Benedict Skitarelia	
EXAMINER'S NAME (Type) Benedict Skitarelic, M.	
22c. NAME OF CEMETERY OR BURIAL (Specify)  May 14, 1960 Bier Cemeter	ry Rawlings, Paryland J
John J. Hafer, Cumberland, Maryland	DATE MAY 1 7 '60



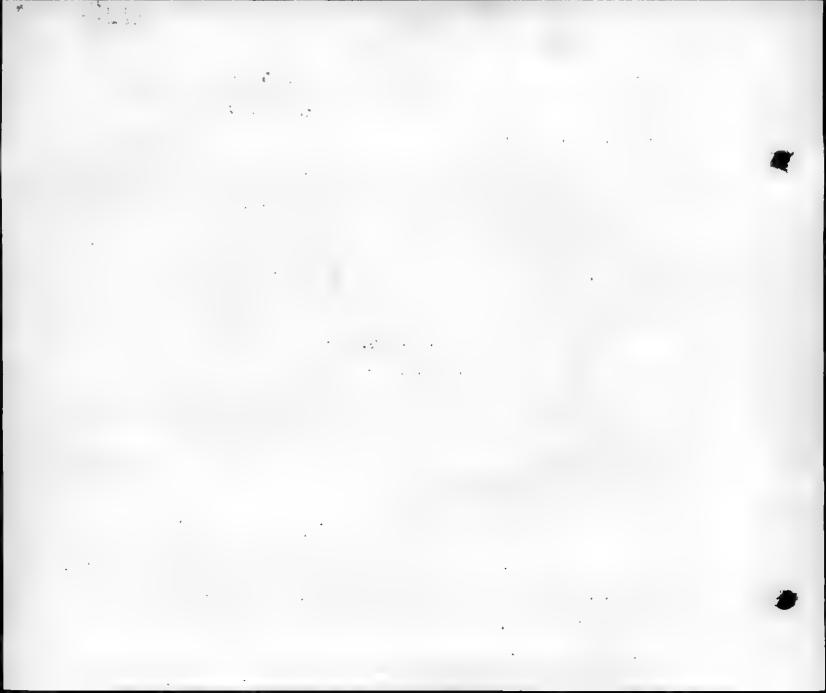
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 5240 director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) n. COUNTY filed **b. COUNTY** MARYLAND MARYLAND ALLEGANY ALLEGANY funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should CORRIGAMSVILLE CUMBERLAND d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS a IS RESIDENCE ON A FARM? SACRED HEART HOSPITAL YES NO TE 4. DATE OF DEATH NAME OF Middle Month Yeor Pages (Type or print) ALBERT MATTHEWS MAY 1960 IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys DIVORCED | WIDOWED [ 6)1 yrs. MALE 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most af warking life, even if retired) Lanese Employee Baking U.S.A. and MARYLAND 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician ANNA LOWERY MATTHEWS гетаме haurs WILLIAM E. MATTHEWS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address 2 attending PT'IS CHART 220-16-2604 please 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmomary Hemorrhage DUE TO permit. Conditions, if ony, which Bronchogenic Carcinoma 10 mos gave rise to immediate DUE TO couse (o), sloting the underlying cause lost. CERTIFICATION PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161/19. WAS AUTOPSY PERFORMED? YES NO TO 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20c TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work detached \_\_\_\_\_\_, 19.60\_\_\_\_, and that death accurred a Q.O.S. PM, from the causes and an the date stated above. alive on 2 May AL DIRECTOR: DATE SIGNED ADDRESS (Street, city or town, state) ACTUAL SIGNATURE M.D. \_\_\_\_ LIA N Centre St 3 shauld PHYSICIAN'S W.P. TAMES NAME (Type) Cumberland Maryland 22b. DATE THEREOF 220 BURIAL CREMATION. 22d LOCATION (City, Jown, or county) 22c. NAME OF CEMETERY OR CREMATORY 6,1960 Sunset Memorial Park Cumberland, Maryland 23. EUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE

**ADDRESS** 

Hyndman, Pa.

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TO FUNER VS A15 (4) 15M 9/5B



death

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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AL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary		Medical Examiner's Office along with form PM3. Page 5 may be retained for you	Ē
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<b>∑</b>	certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fur	2	AL
5		fark resed to the	200
TO DEPTI	0	¥ 3	2
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VS. A15ME(5) 5M 9/55

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-["	a. COUNTY Allegany			MAR	'LAND	o. STATE MOT	vland	<ul> <li>b. COUNT</li> </ul>	Υ			וחן
	b. CITY OR TOWN IN			c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (II						
	and give nearest term!	erland		15 yrs.		.m. P3	erla					
-	d. NAME OF HOSPITA		If not in hos	nitri, give street orldre	163	d. STREET ADDRESS	orra	III			egany  e neorest fown)  e, IS RESIDENCE ON A FARM? YES NO M  Pres No M  AR IF UNDER 24 HRS. HOUTS Min. HOF WHAT COUNTRY?  SA  Md.  NIERYAL BETWEEN	
		Polk Str		burner Burn suresi erreite.	,		T) = 7.1-	01			ON A F	FARM?
1				<del></del>				Street			YES [	NO [Y
3.	NAME OF DECEASED	Fin		Middle		Lost	4. DATE	Monti		Day	Year	
_	{Type or print}		uis			McKenzie,S	T PEATH	May	7 4	th,	19	60_
5.	. SEX		1	ED NEVER MARRIE		DATE OF BIRTH		9. AGE (in years land buthday)	IF UNDER 1			
	Male	White	WIDOWE	DIVORCED		May 6th, 18	387	72 yn.	Months E	)oys	Hours M	an.
10	a. USUAL OCCUPATIO	N (Give kind of work	done 10b. K	IND OF BUSINESS OR	INDUSTI	11. BIRTHPLACE (Stote	or foreign o	country)	12. CITIZ	EN OF	WHAT CO	UNTRY?
1	RetElev	Operato	r Ke	lly Sprin	gfi	eld Mary	land		1	USA		
13	3. FATHER'S NAME		l			14. MOTHER'S MAIDEN			-	ONI		
П	Tomomi	lah McKen	ori a			Unknown	,					
Jī:	5. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. IN	FORMANT	1	Address				
Ήr	es, no, or unknown!	If yes, give wor or dates of :	service)				TE man m	**		3.6	a	
/⊨	1.2	- Per		4-07-09		ames A. Mc	kenz.	ie,Mt.Sa	avage			
		I [Enter anly one cau I WAS CAUSED BY:	se per line	for (a), (b), and (c), j						ONSET	ONSET AND DEATH	
	PART II DEATE	MMEDIATE CAUSE (o)		Coronary	<u> 0c</u>	clusion				S	udde:	n
	1420	DUE TO		_								
	Conditions, if an			Corona	LI'V	Sclerosis						
	gove rise to immedi (o), stating the ur				-							
	couse lost.	(c).										
12	PART II. OTHE	R SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERM	INALDISEAS	E CONDITION GIV	EN IN PART	1(0) 19	WAS AUT	
124										YE	PERFORMI	ED?
18	20g. EXTERNAL CAUS	E WAS 20	b. DESCRIBE	HOW INJURY OCCU	RRED. (Er	iter nature of Injury in Por	t Loc Part II	of item 18 )	-		- LJ 11	A
CERTIFICATION	PRIMARY OF CON	TRIBUTING						0.1011				
		Month, Day, Yea	r 20d (	NUIRY OCCUPRED 12	On PLAC	E OF INJURY (Home, form	a one with	as town)	[Cour	. A. A.		CA- t-1
MEDICAL	Hour a.m.		While	Not while	facta	ry, street, office bldg., etc.	201. (Cil)	or rowing	[COOL	11.51	- 1	Stote)
2		19				Aug.						
	-	_				re, held an Autaps	The second second	nspectian 💢,	Inquiry	X	and fin-	d that
П	death resulted	from: Natural	causes [	Accident [	, Suic	ide 🔲, Hamicide	: 🔲, U	ndetermined c	ause 🔲.			
ш	/	/ .	. /		1.							
,	ACTUAL SIGNATURE	Luider	116	Marili	a)	M.D. CHIEF MEDICAL EX	CAMINER [				MATE SPIN	-
						ASSISTANT MEDIC	AL EXAMINE	ir 🗀				
	EXAMINER'S NAME (Type)	Benedict	Ski	tarelie,	M.D	. DEPUTY MEDICAL	EXAMINER [	May C	1.9	60		
22	REMOVAL (Specify)	, 22b. DATE THEREO	F	22c. NAME OF CEMET	ERY OR	CREMATORY	22d. LOCA	TION (City, town, o	or county)		(Stote)	
	Burial	5-7-60		St.Patric	ck's	Cemetery	Mt.	Savage			Md.	
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			D BY REGIST		TRAR'S SIGI	NATURE		
	y. 117	4-4-71	F	rostburg.	Md	• DATE	MAY 9	'60	Cultury.	8. Kr	ALLA	
		7							-			



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5282MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** Reg. Dist. No. EALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where depended lived. If institution- Residence before admission) a. COUNTY **b** COUNTY files. Health, ALLEGANY MARYLAND MARYLAND b. CITY OR TOWN of outside corporate limits, we to EURAL C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give regrest lawn) ō PROSTEURG FROSTBURG LIFE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A. STREET ADDRESS 68 MECHANIC MECHANIC STREET NAME OF First Middle Month DECEASED E. McKENZIEMAY MARGARET (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS 60, ... FEMALE WIDOWED [ DIVORCED [ 10a, USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? ig even if refired) OWN HOME MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HARMON IDA HANSEL WINNER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war as dates at service) NONE GORA MCKENZIE FROSTBURG, MD. 18. CAUSE OF DEATH [Enter only one couse per ling long(a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), elaling the underlying couse last. PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Fort I or Poit II of item 18 Manth, Day, Year 20d. INJURY OCCURRED 4 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY 20% [City or town] factory, street/office/bldg., etc.) at work at work 21. I certify that I took charge of the remains described above, held an Autapsy [7], Inspection [7] Inquire opinion death resulted from: Natural causes Accident 🔼 Suicide . Homicide . Undetermined monner ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE EXAMINER'S McLANE, M. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BUR AL CREMATION, 22b DATE THEREOF 22d, LOCATION (City, town, or county)

1960

FROSTBURG,

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

ANN'S CEMETERY

246, REC'D BY REGISTRAR

'60

e. IS RESIDEN. ON A FARMS

Hours

U.S.A.

INTERVAL BETW

PERFORMED?

(State)

and in my

DATE SIGNED

(State)

MD.

24b. REGISTRAR'S SIGNATURE

Clathon & thous

YES NO

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Min.

V5. A15ME



VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH 5243 CERTIFICATE OF DEATH

1 PLACE OF DEATH 0. COUNTY			MARYLAN	11	o. STATE			lived If instituti	on: Resident	ce before	admiss	ion)
	gany					arylo	100 10 100			Legai	-	
b. CITY OR TOWN (I RURAL and give no	f outside corporate limits carest town!	s, write	c. LENGTH OF STAY IN 1	ь	c. CITY OR TO	OWN (If b	utside corpo	rate limits, write R	URAL and g	jive near	est town	1)
			4 days	6	2.2 E	rosth	ייייייי					
d. NAME OF HOSPIT	Land AL (If not in hospital, gi	ve street	oddress)		d. STREET AL		4111-6			e		IDENCE
				-    /		20 п	707	Ctanat				FARM?
	Heart Hospi	tal				30 1	ay tor	Street			163	NO 🔼
3. NAME OF DECEASED	First	t	Middle	MEL	E Lost		4. DATE OF	Mon	ith	Day		Yeor
(Type or print)	D		R.		Narlay	-	DEATH	ς.		1	7	1960
5. SEX	6. COLOR OR RACE	osina 7 mass	RIED NEVER MARRIED	7 8. D.	ATE OF BIRTH	-		9. AGE (In years	IF UNDER	I YEAR		
70 7	77024	WIDOWI	11	_	10-10-1	893		lost birthdoy)	Months	Doys	Hours	Min,
Female	10113404				· .			68 yrs.	1			[
during most of work	on (Give kind of work di king life, even if retired)	anej 10b.	KIND OF BUSINESS OR IN	IDUSTRY	11. BIRTHPL	ACE (State	or tareign co	ountry)				COUNTRY
Housew	rife	01	wn housewor	rk	Ita	ly				U.S.	Ar	
13. FATHER'S NAME					4. MOTHER'S	MAIDEN N	AME					
Anto	nio Ruffo (	ומ			Day	nomic	D., £4	3				
15. WAS DECEASED EVE		ES2 14	SOCIAL SECURITY NO. II	7. INFOR		saria	Ruff	. U .	rass			
	[If yes, give wor or dates of ser			_								
1			None	Ua:	ughter	- Vir	<u>ginan</u>	2 Pt. s	chart			
18. CAUSE OF DEA	TH [Enter only one cou	se per li	ne for (o), (b), and (c).]									DEATH
PART I. DEA	TH WAS CAUSED BY:		ulmi	>						O Nase	1/4	DEXIII
11.11-	IMMEDIATE CAUSE (o).  DUE TO		4	_	^			3.00		₩	1	1
775		- /	Int. Va	0	11/10	3		16. A	4	7		
	Conditions, if only, which gove rise to immediate (b)											
Couse (o), stoting		9	x & while	Ras	Congress of	und	- 1			6	7	
lying couse lost.	(c)	·	( ) ·		V'	- •						
Z PART H OTH		DITIONS (	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 19	. WAS	AJTOPSY
				_							PERFO	DRMED?
2											IES []	NO 🗌
	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (E	inter noture of	injury in P	ort I or Por	t II of item 18 )				
20c. TIME OF INJUR	Y Month, Day, Yea	r 20d. II	NJURY OCCURRED 20e		OF INJURY (F			or town)	(0	ounty)		(Stote)
A Hour o.m	19	While	Not while	foctory	, street, office	bldg, etc	)					
₹ p. m.		or wor	k ot work				i					
21 I certify tha	it (I) (this haspital)	attend	ded the deceased fra	m		19_	, .ta		, 19	, the	at (I) (	we) last
saw the deceas	ed alive an		19 and the	nt deat	h accurred	106:11	Motfram	the causes ar	d an the	date	stated	abave.
220. SIGNATURE	a		1									b DATE
1 2	no hil	1 4	hur)	J M.D	ATTENDING			STAFF				SIGNED
22c PHYSIC AN'S	A Grand		La III	/ M.D	22d ADDRE	-	RECTOR [	PHYS L				
NAME (Type)					440 ADDRE	23						
	3.M. Schindl	er	11 D			1,3.4	Green.	S Camp	enlan	d MD	)	
23a. BURIAL, CREMATIO	N. 236 DATE THEREO	F	23c NAME OF CEMETER	Y OR CR	REMATORY		23d. LOCA	TION (City, town,	or county)	7	(Stol	le)
Burial's	5-14-60	)	St.Michae	l's	Cemet	tery	Fro	stburg,			Me	d.
24. FUNERAL DIRECTOR			ADDRESS				D BY REGIST		STRAR'S SIC	SMATUR		
1/2	7-			3/6	3							
1.11.	Cecto	1	-Frostburg	9 121	u. e	DATE MA	Y 16'	ou a	rthur S.	Than	A	



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TO MEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please exer	certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funct. Afrector. Page 4 should be		TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,	1.		_	
ecessony,	r. Poge		to buriel,				- 1
Jeloy is n	(chirecte	les.	rar prior	1	of the same of the		800
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hours oft	ges 1, 2,	5 moy b	oges 1 on		/		
within 24	Give Po	M3. Poge	it. File p	•		1	
executed	Ihem 18.	h farm P)	nsit perm				
ould be e	pencil in	olong wif	<b>buriol-tra</b>				
ificate sh	ding" in	5 Office o	sed os o				
This cert	ard 'pen	xaminer	ould be u				
AMINER:	ing the w	Medicol 6	Page 3 sh				
SICAL EX	tote, writi	fary red to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for yo	ECTOR: 1				
UTY MED	certific	ted to the	ERAL DIR	novol.			-
10 EF	cute	forv	TO FUN	or removal.			

VS. A15ME(S) 5M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18—5244 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05249 Reg. Dist, No.

1.	PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)						
L		Allegany		MARYL	AND	o. STATE Mar	vland	b. COUNT	Y All	egan	V
	b. CITY OR TOWN (IF of one) give records town)		RURAL	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN	(If outside co	rporate limits, write			
		erland		19 Day	rs	Cumbe	rland	1			
Г			not in hos	pital, give street address)		d. STREET ADDRESS				e, I	S RES DENCE
		Hospital				118 02	k St				П но 🔯
3.	NAME OF DECEASED	First	)	Middle		Last	4. DATE	Moni	h	Day	Year
L	(Type or print)	AIOI	A	S		MILLER	DEATH	May		7	1960
5.	SEX	6. COLOR OR RACE	7. MARRII	ED NEVER MARRIED	□ B.	DATE OF BIRTH		9 AGE  In years   last birthday)	IF UNDER TY		NDER 24 HRS.
	F	W	WIDOWE	DIVORCED	וכ	June 11,	1883	76 ym.	Months De	ays Hou	m Min
TC	a. USUAL OCCUPATION during most of working	N (Give kind at work d	one 10b. I	CIND OF BUSINESS OR II	<b>IDUST</b>	Y 11. BIRTHPLACE (Sta	te ar fareign	country)	12. CITIZE	N OF WH	AT COUNTRY?
L	Housewi	fe		)wn Home		Flintst	one,	Md.	U	SA	
13	. FATHER'S NAME					14. MOTHER'S MAIDEN					
		Benjamin	Barl	kman		Doroth	y Her	bst			
1	S. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Address	1		
]"	no	(ii yes, give wor or doles or s		none	B	rs. John	Daych	ak, Cumb	erlan	d Md	•
F		H [Enter only one cour	e per line	for (a), (b), and (c).						INTERVAL BE	TWEEN
	PART I. DEATH	H WAS CAUSED BY	Hvr	ertensive	Cla	rdiovesor	lan T	lisease			T'S.
	443×	DUE TO		002.002.00				Failur	9)		LOA
	Conditions, if on		Amt	erioscler	A+1	A WWWWF O	17 774	20020	1		
	gave rise to immedi	ate couse	ALT	CLIOSCIAL	Q tra	C KHAKA U	I V L	30830			440 840
	(a), stating the vi	nderlying DUE TO									
2		ER SIGNIFICANT COND	ITIONS CO	ONTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TER	MINALDISEAS	SE CONDITION GI	/EN IN PART 1	(a) 19. W/	AS AUTOPSY
15			_		•					PEI	REFORMED?
10	20g. EXTERNAL CAUS			of Left Hi E HOW INJURY OCCURR		Ann makers - E (-1) 1- B	of how the state	- 5 10 h		YES [	NO
CERTIFICATION	PRIMARY OF CON	TRIBUTING TK				ner nature ar injury in Fi	pri i dr rgri i	or item (6.)			
		V		ell at Ho							
MEDICAL	20c, TIME OF INJURY		While	Not while	facta	E OF INJURY (Mome, to ry, street, affice bldg., el	rm, 120f. (Cit l <b>c.)</b>	y or tawn)	{Count	γ}	(State)
N N	1-00 p.m.	April 180	50 of wo	ork of work		Home	0	umberla	nd, A	lleg	. Md.
П	21. I certify the	at I took charge	of the i	remains described	abay	e, held an Autap	isy 🔲, 1	nspection 📑	Inquiry	👿, an	d find that
П	death resulted	from: Natural o	auses 🛚	Accident	Suic	ide 🔲, Hamicio	ie 🔲, U	ndetermined	cause 🔲.		
L		2	, 1/2	1 -1	1						
	ACTUAL SIGNATURE	Renedert	Sp	Marelia		M.D. CHIEF MEDICAL	EXAMINER [	]			A H E
L	-					ASSISTANT MEDI	CAL EXAMIN	ER 🔲			
L				relic. M.	D.	DEPUTY MEDICA	L EXAMINER	May	7, 1	960	
27	a. BURIAL, CREMATION REMOVAL (Specify)	1, 22b. DATE THEREOI		22c. NAME OF CEMETER				TION (City, town,		(5	itate)
L	Burial	May 10.	1960		11	Cemetery	Cu	mberlan			
23	FUNERAL DIRECTOR'S			ADDRESS		1	C'D BY REGIS		STRAR'S SIGN		
L	James F	. Scarpel	lli,	Cumberland	, 1	d DATE	MAY 11	'60 0	Iritur 2.	Travel	
-											

6 • • •

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) director 1. PLACE OF DEATH e. COUNTY o. STATE b. COUNTY filed DESTRUCTION b. CITY OR TOWN (if autside carporate limits, write funerol c. LENGTH OF STAY IN 1b -c, CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) CUMBERLAND CUMBERLAND d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 57 SACRED HEART HOSPITAL AVTRETT AVE. NAME OF 4. DATE First Middle Lest DECEASED DEATH (Type or print) ages ROBERT MORGAN 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE ( 9. AGE (In years lefely 25,1884 last birthday) offer ( DIVORCED WIDOWED # MATE SHETAPLACE (State or foreign country) 10g. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY) during most of working life, even if retired) Fireman Railroad Retired Scotland Pull corbon 13. FATHER'S NAME 14. MOTHER'S MA DEN NAME .⊆ physicion with гетоме 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 116. SOCIAL SECURITY NO event offending No Robert Morgan, 2221 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ℸ PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Carcuroundosis DUE TO ò Carmouna & NO permit gave rise to immediate **DUE TO** cause (a), stating the underhos meen si lying cause lost. **buriol-tronsit** 50 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110] 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20d. INJURY OCCURRED

Nat while at work at work

SS

ADDRESS

M.D. PHYS.

Md.

23c. NAME OF CEMETERY OR CREMATORY

Cumberland,

Year

Charteller

23b. DATE THEREOF

21. I certify that (I) (this hospital) attended the deceased fram.....

George.

While

Day

Davs

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Hours

IS RESIDENCE ON A FARM?

YES NO NO

Year

1960

TERGANY

Month

MAY

yrs.

Manths

U.S.A. ELLEN TEMBELTON Address Avirett Ave. Cumb INTERVAL BETWEEN ONSET AND DEATH 4405 PERFORMEDR YES IN NO. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part II ar fitem 18.) 20e. PLACE OF INJURY (Hame, form, 20f, (City or town) (State) (Caunty) factory, street, affice bldg., etc.) Little 2 7 196 ; that (1) (we) last Cand that death accurred at M, fram the causes and an the date stated above. SIGNED ATTENDING STAFF PHYS. DIRECTOR [ 22d. ADDRESS 23d. LOCATION (City, town, or county) (State) Cumberland. 25h REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR DATE JUN 1 City & House

detached for AL BIRECTUR: TO FUN **VR A1S (4)** 1SM 9/59

20c TIME OF INJURY

22a, SIGNATURE

22c PHYSICIAN'S

23a. BUR AL, CREMATION,

**REMOVAL** (Specify

Buria

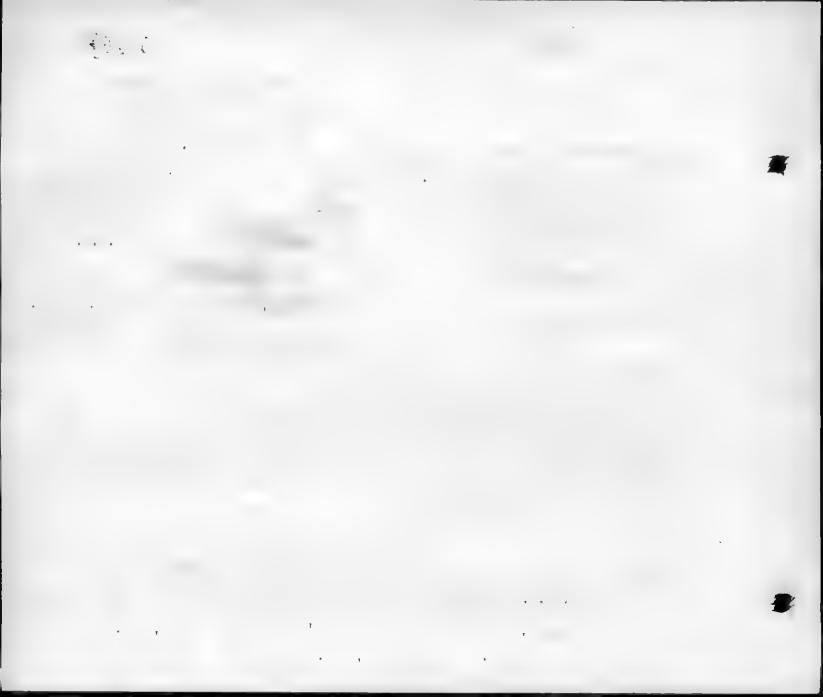
24 FUNERAL DIRECTOR'S SIGNATURE

Charles L.

NAME (Type)

Hour a.m.

saw the deceased alive an...



	0240	CERTIFIC/	AIF OF DEATE	1			
1. PLACE OF DEATH O. COUNTY ALLEGANY		MARYLAND	2 USUAL RESIDENCE (V	/here deceased lived. If i b. CC	institution: Residence be DUNTYA LEGANY	fare admission)	
CUMBERLAN	test to MARYLAND	c. LENGTH OF STAY IN 16	Y VICED	autside carporate limits,	write RURAL and give n	learest town)	
d. NAME OF PALE	WARWICK AVE	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	First ALICE	Middle ADELE	MUELLER	4. DATE OF DEATH		Pay Yeor 1960	
FEMALE	WHITE WIDOV		SEPT. 25, /	1923 9. AGE (In 1924 36 birth	hday) Manths Days		
SECRE!	g life, even it refired)	KIND OF BUSINESS OR IND TNSUKENCE	PAW PAW,	W. VA.	U.S.A	OF WHAT COUNTRY?	
FATHER'S NAME WALT	TER E. MUELLER		14. MOTHER'S MAIDEN  OL I VE	SHUMAKER			
	IN U. S. ARMED FORCES? 16 yes, give wor or dates of service)		INFORMANT EMORIAL HOSPI	TAL , CUMBE	Address RLAND, MARY	/LAND	
PART I. DEATE	mediate - DUE TO	ipo (c) (s), and (c).	Heuri	dose	ant of	ATERVAL BETWEEN NSET AND DEATH ADMICLIANA TO 1953	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 140							
OR CONTRIBUTING I	Month, Day, Year 20d. While		PLACE OF INJURY (Hame, for actary, street, affice bldg., e	m, 20f. (City ar town)	(Caunty	y) (Slate)	
	d alive, an. 51. 3	ded the deceased fram  Le 19 Coond that  Ultrained  LIAMS	M D ATTENDING PHYS 22d. ADDRESS	MED STAFF	es and an the da	22b DATE SIGNED	
230 BUR AL, CREMATION	6/3/A6	SULPHUK	SpGS, CEM.	23d LOCATION (City,	ALLEGANY	(State) MD,	
24. FUNERAL DIRECTOR'S	SIGNATURE WALTH	ADDRESS BEKK	ELEY 250 REC	JUN 8 160	REGISTRAR'S SIGNAT		
@E)02	men		WiVA				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely file. In by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death. TO HO VR A1S (4) 1SM 9/59

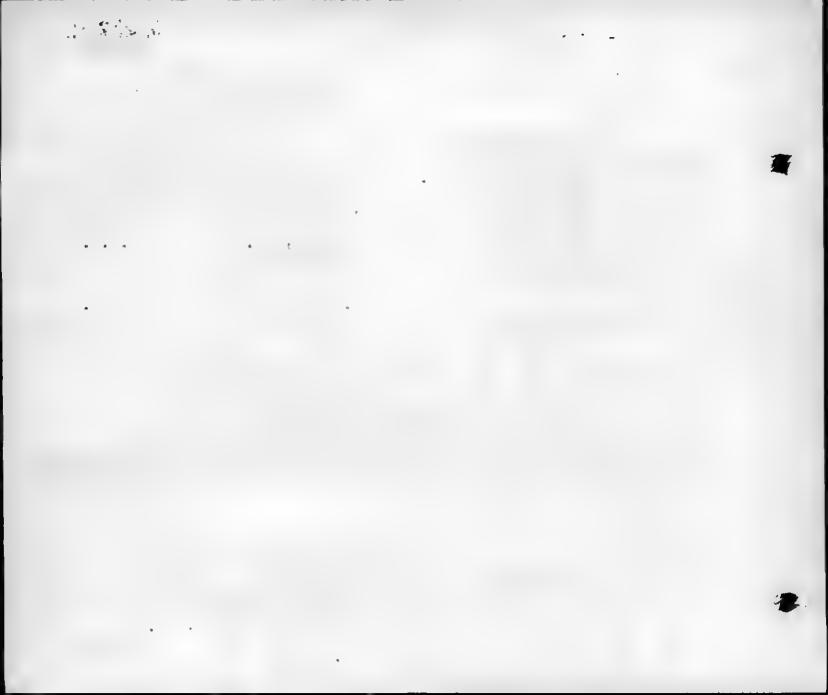
AL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 pours after death. Page 4



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

									447		
1, PLACE OF DEATH o. COUNTY	-		MARYLAND	2. USUAL RESII a. STATE	DENCE (Wh	iere decease	d tived If instituti	on Resider	nce befor	e admiss	iion)
Al	Legany			Mary				Llega			
b. CITY OR TOWN ( RURAL and give n	If autside corporate limi earest town)	is, write	c. LENGTH OF STAY IN 16	c. CITY OF	OWN (If,o	utside corpo	prote limits, write I	URAL and	give nea	rest towr	n)
	stburg			X	Viket	p					
d. NAME OF HOSPI	TAL (If not in hospital, g	give street ad	idress)	d. STREET A	DDRESS				1	e IS RES	FARM?
or institution	iners Hos	pita]	<u></u>	1					1		MO [
3. NAME OF	Fir	'sl	Middle	Los		4. DATE	Mar	ıth	Day	y .	Year
(Type or print)	CHARL	ES	L.	MUIR		OF DEATH	5/13/19				19
5. SEX	6. COLOR OR RACE	7. MARRIE	DEVER MARRIED	8. DATE OF BIRTI	1		9. AGE (In years lost birthday)	Months	$\overline{}$		ER 24 HRS
Male	White	WIDOWED	DIVORCED	2/27/1	894		66 yrs	Months	Days	Hours	Min.
100. USUAL OCCUPATION	ON (Give kind of wark	dane 10b. Ki	IND OF BUSINESS OR IND	USTRY 11. BIRTHPL	ACE (Stote	or foreign c	ountry)	12. CI1	IZEN OF	WHAT	OUNTRY?
	king life, even if retired ired	)		Sha	et. 1	MD.		TŤ	S.A		
13. FATHER'S NAME	TIGA			14. MOTHER'S				104	12.4.6		-
	ichael Mu	dr				Telfo	ord				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. SC	OCIAL SECURITY NO. 17.	INFORMANT	1100	1021		ress			
(Yes, no, or unknown)	(If yes, give war or dates of s		0-10-2302	Mrs. Ch	arle	s Mui	r, Ni	kep,	MD		
18. CAUSE OF DE	ATH [Enter anly are co	use per line	for (a), (b), and (c).]	(	WIRE	)			INTE	RVAL BE	TWEEN
PART I, DE	TH WAS CAUSED BY:	. 110	0 400 400	•					ONS	ET AND	DEATH
450.	MEDIATE CAUSE (0		L						_	- 01	alla
	DUE TO	$^{\prime}$ $\Omega$	+ . 0								7
Conditions, if a		) Ula	rono scho	2120						to a	2
couse (o), stating		>								7	
lying couse last.	) (c										
PART II. QT	HER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH BL	IT NOT RELATED TO	THE TERM!	INAL DISEAS	E CONDITION GI	PAIN PAI	RT 1(o) 1	9, WAS PERFO	AUTOPSY DRMED?
3 Bronch	mal asth	mel	: Emphys	ema:	enge	strue	heart for	Nur	3	YES 🗌	. \
PART II. OT  OR CONTRIBUTING  (IF EITHER, NOTIFY	AS UNDERLYING AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCR	RIBE HOW INJURY OF CURI	ED. (Enter noture o	f injury in l	Port I ar Poi	rt II af item 18.)	٠			, .
ZOc. TIME OF INJU	RY Month, Doy, Ye	ar 20d. INJ		LACE OF INJURY			y or town)		County)		(State)
Hour o. m.	19	While	Not while	octory, street, office					, ,		
₹ pm.	17	or work	ot work	A 1		-1 -			/ -		
21 I certify the	at (I) (this hospita		d the deceased fram		(7)	56, .to					(we) last
sow the decea	sed olive on M	(ex)	3 19 6 0, and that	death occurred	1 01 79	M, from	the couses or	nd on th	e date	stated	above
220. SIGNATURE	17 - 51	19	2006							22	DATE
1	tprivul	- Ku	JIVW	M.D. PHYS	MI	ED RECTOR [	STAFF PHYS			5 .1.	S GNED
22c. PHYSICIAN'S	1 0 00		112 3	22d. ADDRI							1
NAME (Type)	Y. K. MI	r F S	, 117. IM	D To	VAC	ONI	NG	MI	)		
230. BURIAL, CREMATIC	ON. 236 DATE THEREC	OF	23c NAME OF CEMETERY	OR CREMATORY		23d. LOCA	TION (City, fown	or county)		(Stai	te)
REMOVAL (Specify	1 4- 4- 4	960	Laurel Hil	L1 Cemet	ery	Mo	scow, M	D.			
24, FUNERAL DIRECTOR	0, -0,		ADDRESS			D BY REGIS		STRAR'S S	GNATU	RE	
GEORGE			LONACONING	MD.	DATELAY	10/		Lug S.			
GTAOTIGITA	THEOTHER	'	20112100112110	7	PALMAY	110					



may t TO FUN TO HOS

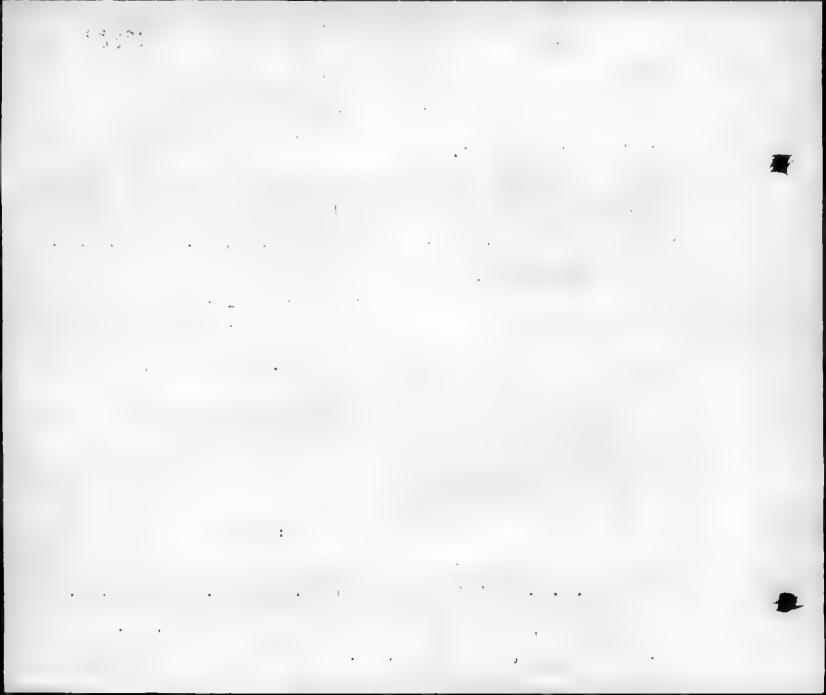
VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEDTIFICATE OF DEATH

**にりたけ** 

JE4! CERTIFICATE OF DEATH
1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)
o. COUNTY ALLEGANY  MARYLAND  MARYLAND  MARYLAND  ALLEGANY  MARYLAND  MARYLAND  MARYLAND  MARYLAND  MARYLAND
b. CITY OR TOWN (If outside corporate limits, write   c LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
CUMBERLAND 2 DAYS CUMBERLAND
d. NAME OF HOSPITAL (If not in hospitol, give street address)  ON A FARM
MEMORIAL & WARLICK AVENUE 740 MARYLAND AVENUE YES NO
3. NAME OF First Middle Last 4. DATE Month Day Year
(Type or print) MALIDE THEOR DORSIA NOLAN DEATH MAY 31 196
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (10 YEAR) IF UNDER 1 YEAR IF UNDER 24
FEMALE WHITE WIDOWED DIVORCED APRIL 2 1887 72 yrs Months Doys Hours M
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUN
Housewife Own Home Clearsprings, Md. U. S. A.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
THIRAMIN H. WHITE MARY ELLEN HULL
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  [Yes, no, or unknown]   [If yes, give war or dates of served]
NO NONE MEMORIAL HOSPITAL - CUMBERLAND, MARYLAND
18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
PART I. DEATH WAS CAUSED BY: ( Drawie Auftrition Cardier Consertant DEA
DUE TO JAMES TO TOTAL
Conditions only, which) (b) Cascelor Reserved uppay
gove rise to immediate DUE TO
lying couse lost. (e)
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTO PERFORME
YES NC
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTO PERFORMED YES NO NOT CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20th DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of Item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  P m. 19 all work ol work ol work ol work of while and work of wo
Hour o. m.    While   Not while   foctory, street, office bidg., etc.
21 1 certify that (1) (this haspital) attended the deceased fram 10-14-19 is 10-5 31 , 1960 that (1) (we)
saw the deceased alive an 5.361 19 66 and that death accurred at 2:25. All the causes and an the date stated about
Z2o. SIGNATURE 22b DA
M.D. ATTENDING DIRECTOR DIRECTOR PHYS D
22c PHYSICIAN S NAME (Type) DD N. F. ALLE LANCE NAME (Type) DD
DR. W. F. WILLIAMS 122 S. CENTRE ST., CUMBERLAND, MD.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, lown, or county) (Stote)
Burial Mune 2,1960 Rose Hill Cemetery Cumberland, Md.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
H. Wayne George, Cumberland, Md. DATE JUN 6 '60 arthur & Kraus



598%

85253

	1603					**
o. COUNTY	Allegany	MARYLAN	2. USUAL RESIDENCE (V		COLINERY	Legany
RURAL and give	N (If autside carporate limits, wi rearest lown) rostburg	c. LENGTH OF STAY IN I		f outside corporate lim	its, write RURAL ond	give nearest town)
d. NAME OF HOS	PITAL (If not in hospital, give s	treet oddress)	/d. STREET ADDRESS		anic St.	e. IS RESIDENCE ON A FARM? YES NO X
). NAME OF DECEASED (Type or print)	First  Evely	Middle	Last	4. DATE OF DEATH	Month Mav	Doy Year 10th, 19 60
5. SEX		MARRIED NEVER MARRIED		9. AG	F (In years   IF UNDER	TYEAR IF UNDER 24 HR
Female	Colored wit	DOWED DIVORCED	Jan. 15th.	,1911	birthday) Manths	Days Hours Min.
during most of v	vorking life, even if retired)	10b. KIND OF BUSINESS OR IN  Own housewo			12.CITI	USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
Willi	am Summers		Unknov	wn		
5 WAS DECEASED ( Yes. no, ar unknown)	EVER IN U.S. ARMED FORCES? (It yes, give wor or dates of service)	101 00 011 10 00 0111 11 110 1	James A. Pe:	rkins,136	W.Mecha	nic St. Mo
Conditions, i gove rise to couse (o), stati lying couse to	ng the <u>under</u> DUE TO	Curoud	the Hand	· Juli	11.	J'alegen .
SATE CATE	OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH				RT 1(a) 19 WAS AUTOPSY PERFORMED? YES Y NO
OR CONTRIBUTI	WAS UNDERLYING   20%. NG   CAUSE OF DEATH IFY MEDICAL EXAMINER	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury i	in Port I ar Part II at i	iem It.)	
20c. TIME OF IN	m. 10 V	0d. INJURY OCCURRED 206 While Not white t work at work	PLACE OF INJURY (Home, for foctory, street, affice bldg,		(n)	County) {State
1		tended the deceosed fro		At 1	*	Ź, that (I) (♥♥) las e dote stoted above
220 SIGNATURI	Rittinge 6	to to a care		MED STA	FF 'S 🔲	22b. DATE & GNEI
22c. PHYSICIAN NAME (Typ	eÌ	Rothstein	u 48 Bro	adway, Fr	rostburg,	Md.
PERMOVAL ISPECTOR	710N, 236 DATE THEREOF 5-13-60	23c NAME OF CEMETER F1 bg. Memo	rial Park	Frost	City, town, ar county)	(Stote) Md.
24 FUNERAL DIRECT	OR'S SIGNATURE	ADDRESS Frostburg,	Md. DATE	EC'D BY REGISTRAR	25b REGISTRAR'S SI	

TO HOSBYZE, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 faurs after death. Page 4 may 1 foined by the haspital ar attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill. In by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pallers Pages 1 and 2, should be filled with the State Board of Health prior to burial, ar remaval, and in any event, within 72 hours after death.

H



requires that the death certificate FUNER 2 VR A15 (4) 15M 9/59

U.S.A. Mary Phillips, Lonacening, INTERVAL BETWEEN ONSET AND DEATH Insufficien PERFORMED? YES NO (State) (County) 19 6 0, that # last 1960, and that death accurred at 5.50 M from the causes and on the date stated above. SIGNED (State) Sunset Memorial Park. Cumberland. 25b REGISTRAR'S SIGNATURE 25g, REC'D BY REGISTRAR Cribus S. Kraus DATEMAY 4

e. IS RESIDENCE

Hours

Days

ON A FARM?

YES NO E

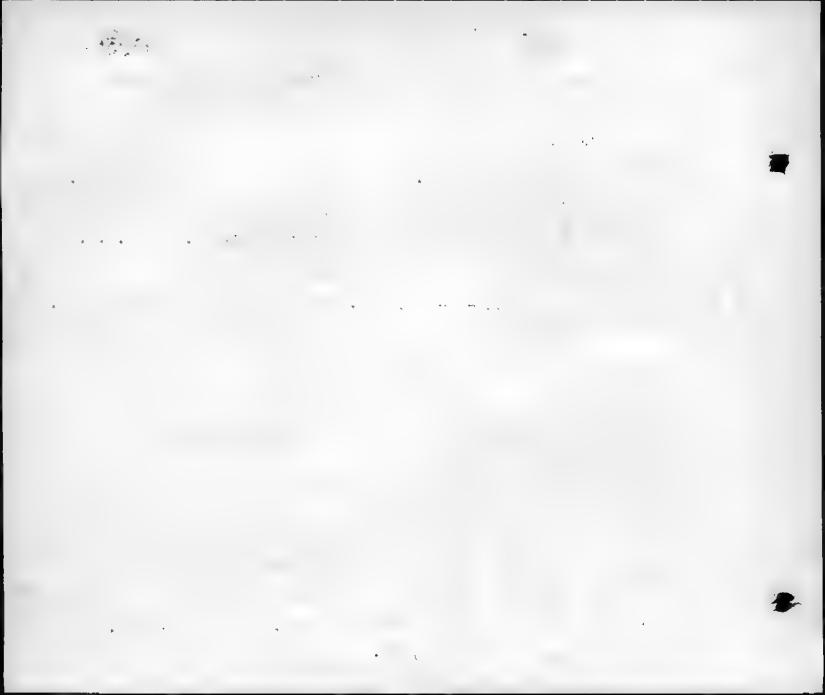
Year

19 60

24 FUNERAL DIRECTOR'S SIGNATURE EICHHORN GEORGE

REMOVAL (Specify)

**ADDRESS** LONACON ING.



TO HOSYZAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

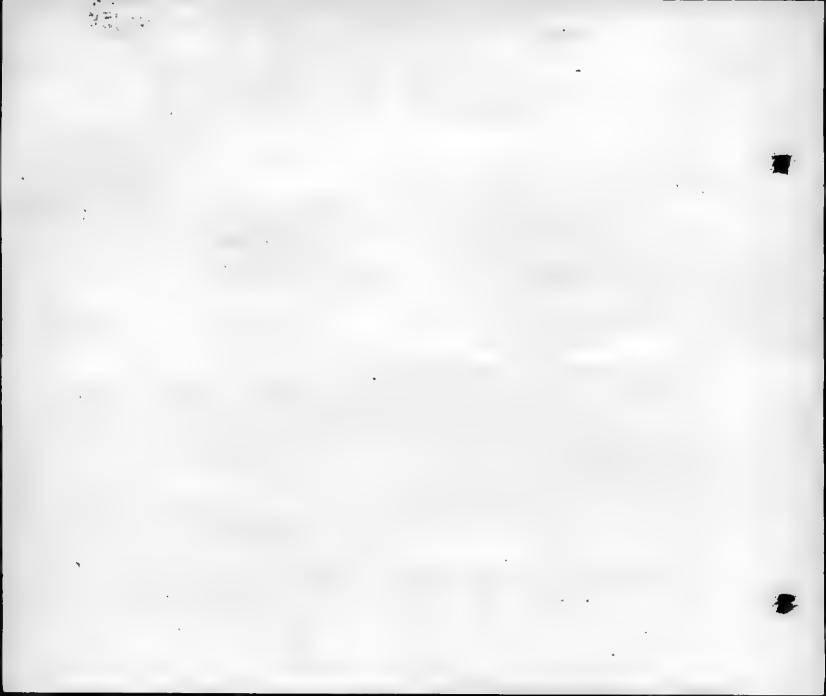
may it trained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remave carban papers Pages 1 the State Board of Health prior to burial, cremoitan, or removal, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	- 1										
1, PLACE OF DEATH o. COUNTY			MARYLA		USUAL RESIDENCE	WiWh.	ere deceased live	d. If institution		e before adm	ission)
AMAR		ta			I de la constante de la consta	crt .	TOC OIL	1 1 2 2	-	BALLY	
B. CITY OR TOWN (I	If outside corporate limi earest town)	ils, write	c. LENGTH OF STAY IN	16	c CITY OR TOW	N (If o			URAL ond g	ive negresi to	wn)
CINTELLA			9days		11.277	14. 41	RA L	i. "D.			•
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, i	give street	oddress)	/	d. STREET ADDR		15	140		ON	A FARM?
- SAGB	D HEART HO	SPILA	I.		Route	3,	Keyser	, West	. Virg	inlaces	☐ NO 🔯
3. NAME OF DECEASED	Fil	rsl	Middle		Last		4. DATE OF	Mon		Doy	Year
(Type or print)	1.11.1.	, AN	M	,7	ST B		DEATH	5/1	1/60x	(20)	19 60
S. SEX			RIED A NEVER MARRIED	□ B. D	ATE OF BIRTH		9 #	GE (In years		YEAR IF JN	- +
FINALE	रमास्य	WIDOW	ED DIVORCED	5	EXHALKIN	4/1	ا 12/12	pst birthdoy)	Months	Days Hour	rs Min.
10g, JSUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE	(State	or fareign counti	у)	12 CITIZ	ZEN OF WHAT	COUNTRY
Housewife	king life, even if retired		wn Home		W	, TF.	. Miner	al Cou	nty U	Sal	
13. FATHER'S NAME			7115 470000	11.	4. MOTHER'S MAI						
RAWX	e 'LTewelly	m			Thi	roi i	May Den	nisanı	ī		
			SOCIAL SECURITY NO.	17. INFO				Add			
Yes, no. or unknown)	(If yes, give war or dates of	lefvice)			יוףכנ א						
no	and to the same	1			4.5					INTERVAL	DETAVEEN
	ATH LEnter only die co	use per 11	ine for (o), (b), and (c).]		1 6.	12	~ . /			ONSET AN	
TAKI I. DEA	IMMEDIATE CAUSE (	1	munor	6-6-7	Carkal	718	71-12			1/2	hon
	DUE TO		9 5 7 7 4		-	0	1			/	
Conditions, if o		1. hr	Mer welr	2427	n 5-	-9-	00				
gove rise to i		)								100	
lying couse fost.	) (	3 The	eller fortin	pre:	1. Chirl	663	Lt 12.	>		h 1/6	26
PART II. OTI	HER SIGNIFICANT CON	IDITIONS !	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE	TERMI	NAL DISEASE CO	NDIT ON GIV	EN IN PART	1(a) 19, WA	S AUTOPSY
PART II. OTI											NO 🗆
4 200 ACCIDENT MI	AS UNDERLYING	20ь. DES	CRIBE HOW INJURY OCC	URRED. (E	nter noture of inju	ury in f	Part I or Port II o	f item 18.)			
OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)										
ZOC TIME OF INJUR	RY Manth, Doy, Ye	ar 20d 1	NJURY OCCURRED 20		OF INJURY [Home			lown)	{C	ounly)	(Stole
20c TIME OF INJUR	19	While		factory	, street, office bld	g., etc.	.)				
∑ p. m		of wo	rk ot work		1 2			//		/	
21   certify the	at (1) (this haspita	l) attend	ded the deceased fr			19	2to2		, 19_6:	∠7 that (I)	(we) las
saw the decea	sed alive an	//-	19/5°, and th	at deat	h accurred of		Man the	couses an	d an the	date state	ed abave
22o. SIGNATURE	4 11.	)			ATTENDING .	MI	-	TAFF		1	226 DATE SIGNED
	~ /3m	82		M.D	PHYS	DI	RECTOR .	HYS.		5/1:	3/60
22c, PHYSICIAN'S NAME (Type)					22d. ADDRESS						4
(17)	DOL L. TOTAL	.1.			57 0	RET	Carlo Carlo	<u>T</u>			
23a. BUR.AL, CREMATIC	ON, 236 DATE THERE	OF .	23c. NAME OF CEMETE	RY OR C	REMATORY		23d LOCATION	I (City, town,	or county)	(S <sup>1</sup>	lote)
REMOVAL (Specify)	5/14/60		Rest Lawn M	lemor	ial Par	k	Cumberl	and,	Maryla	and	
24 FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	1			D BY REGISTRAR	-	STRAR'S SIG		
John J.	Hafer, C	umbei	rland, Mary	land	DA	TEMAY	y 1 7 '60				
					UM	MA.	1 00	1 0	1100	Hamilton	

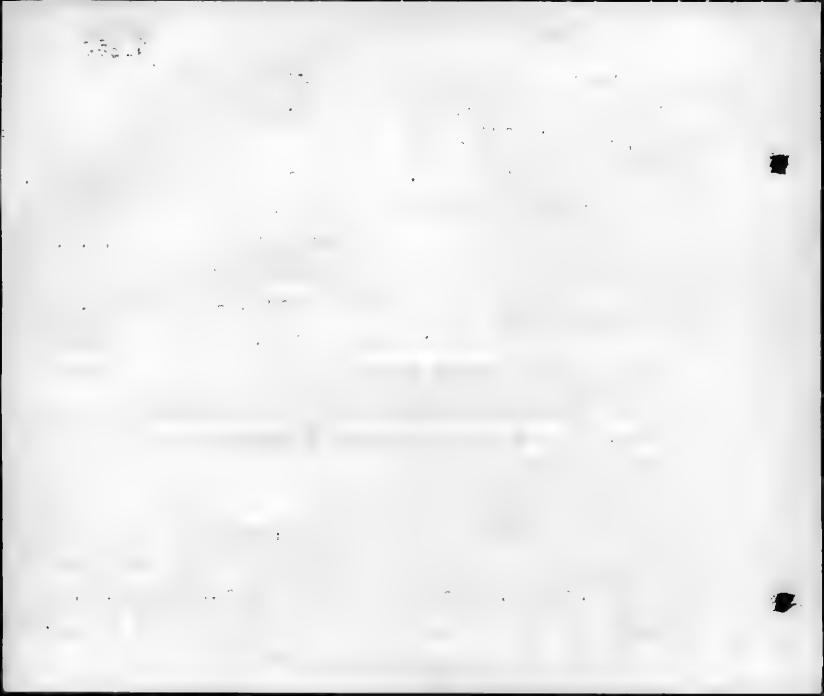


## MARYLAND STATE DEPARTMENT OF HEALTH 5249 IVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05256

			C 70 I O		CEKIIF	ICATE	OF DEA	ПП				<del>•</del>	
	1, PL	ACE OF DEATH						E (Whe	ere decease	d tived If institute		before odmi	ssjon)
)	Q.	ALLE	GANY		MARYI	LAND	o. STATE WES	T VI	RGINI	A B. COUNTY	GRAN	П 🥖	
		RURAL and give ned	outs de corporate limit prest fown}	s, write	E LENGTH OF STAY	IN 16	c. CITY OR TOW	N (IF ou	stside corpo	rate limits, write R	URAL ond gry	re nearest tox	MTI)
		CUMBERLA	IND		16 DAYS		MOOR	4 400 4 1	ELD		15	*	3/4]
)	d.		MEMORIAL  MEMORIAL		Ä(E) IUES		d. STREET ADDRI	E\$S				ON	SIDENCE A FARM?
	3 N/	AME OF	Firs	t	Middle		Last		4. DATE OF	Mor	1th	Day	Year
		ype or print)	CAL	VIN	J.		RAINE!	5	DEATH	MA	Y	27,	19 60.
	S SEX	X	6 COLOR OR RACE	7. MARRIE	ED NEVER MARRIE	D 🔲 B. D.	ATE OF BIRTH			9. AGE (In years lost birthdoy)		YEAR IF UNI	
	M	1ALE	WHITE	WIDOWED	DIVORCE		OCTOBER	14,		86 yrs	Manins   U	lays Hours	Min.
	10a. t	USUAL OCCUPATION	N (Give kind of work on his life, even if retired)	lane 10b. K	IND OF BUSINESS OF	R INDUSTRY	11, BIRTHPLACE	(Stote o	or foreign o	ountry)	12. CITIZE	EN OF WHAT	COUNTRY?
1			,,				WEST 1	VIRG	AINIA		U	. S. A	
		ATHER'S NAME				1.	L MOTHER'S MAI	DEN N	AME				
		GEORGE RA	INES				CATHER	RINE	POWE	RS			
			IN U. S. ARMED FOR		OCIAL SECURITY NO	17 INFOR	MANT				lress.		
						MEI	MORIAL H	OSPI	TAL	- CUMBE	RLAND,	MD.	
	11		TH [Enter anly one co	use per line	e for (a), (b), and (c) ]							INTERVAL I	BETWEEN D DEATH
		PART I DEATH WAS CAUSED BY:  Acute left ventricular failure.  sudden											
		7-65	DUE TO										
	Conditions, if ony, which (b) Pulmonary embolus											sudde	en
		gave rise to in couse (a), stating t	\ DITE TO	\ DIFTO									
	lying couse lost. (c)												
ř	CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEA	TH BUT NO	FRELATED TO THE	TERMI	NAL DISEAS	E CONDIT ON GI	VEN IN PART	1(o) 19 WAS	ORMED?
	15 L	Prostation	1	or h	pertrophic	pros	tatitis	and	blade	der reter	ation.	YES [	NO
	1 = 10	200 ACC DENT WAS OR CONTRIBUTING OF EITHER, NOTIFY	S UNDERLANG E CAUSE OF DEATH MEDICAL EXAMINER)	206 DESC	RĪBE HOW INJŪRY O	CCURRED. (E	nter nature of inju	ory in P	ort I or Por	t II of item 3B)			
	¥ 20		Month, Day, Yes	r 20d. IN.	JURY OCCURRED	20e. PLACE	OF INJURY [Home	e, form,	20f. (Cit	y ar town)	(Ce	unity)	(Stote)
	MEDICAL	Hour a.m.	19	While at work	Not while	factory	, street, office bld	g., etc.	)   '				
	1 1	p. m.				. 21	11/60	10	<u> </u>	£ /27/60	10	45. 4. 615	
			t (I) (this haspital							5/27/60			W T
	1 1-	saw the decease 22a. SIGNATURE	ed alive onML	W 20	1960. , and	thot_deat	h accurred at		7 <b>7), FILOR</b> O	the causes at	nd on the		2b. DATE
i			-18:	)		MLD	ATTENDING PHYS	ME	D. RECTOR	STAFF PHYS.	May		60 SIGNED
,	7	22c PHYSICIAN'S	fo Jumste	71	477	7/1-10	22d. ADDRESS	ווט נ	CECTOR L	FRITS. [	mera	ر <u>ا</u> و ۲	00
		NAME (Type)	DR. SAMUEL	Ma J	ACOBSON		50 PE	ERSH	HING S	T. CUMB	ERLAND	. MD.	
	23o I	BURIAL, CREMATION			23c NAME OF CEME	TERY OR CE	EMATORY			T ON (C ty. town,			ate)
		BEMOVAL (Specify)	5- 29-	60	Hout 1	Cernet.	IALI		6 mil	L. M. Moc	ershild	Harely	11.70
	24, FL	UNERAL DIRECTOR'S	SIGNATURE	7	ADDRESS	0			BY REGIS		ISTRAR'S SIGN		
	(	arl B	Shrush	17.	Morefield	1 20	7/a DA	TE M/	4Y 31'	60 C	hillur S.	Thous	

may. To FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event within 72-hours after death. VR A1S (4) 15M 9/59



VR A15 (4) TSM 9/\$9 e L

	MARYLAN	ID STATE	<b>DEPARTMEN</b>	NT OF HEA	LTH
K O K AIVIS	SION OF STATISTIC	AL RESEARCH	AND RECORDS -	- BALTIMORE 1	, MARYLAND
3630		CDTICIO	ATE OF DE	ATL	

**CERTIFICATE OF DEATH** 

	T. PLACE OF DEATH O. COUNTY AT TO STORY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	- h col	UNTY				
	Allegany  b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	Maryla		Allegar	<u> </u>			
	RURAL and give nearest town) Cumberland	Life	Cumberland	utside corporate limits, w	THE KUKAL ONG BIVE DE	BOFEST TOWN)			
مر	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	ddress)	d STREET ADDRESS  e. IS RESIDENCE ON A FARM?						
	1002 Holland St.		1002 Hol	land St.		YES NO			
1	3 NAME OF First	Middle	Last	4. DATE	Month D	Ogy Year			
	(Type or print) DAVTD		RANSOM	OF DEATH May	8. 1960	19			
		ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In	yeors IF UNDER TYEA	R IF UNDER 24 HRS			
	Male White WIDOWE	DIVORCED .	Feb. 17,1949	lost birth	yrs. Months Days	Hours Min,			
	10g. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if refired)	IND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Slote	or foreign country)	12. CITIZEN C	OF WHAT COUNTRY?			
	None		Maryland		US	SA			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME					
-	Leland B. Ranson		Mildred	McMillen					
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17 IN	IFORMANT		Address				
	Yes, no, or unknown) (If yes, give war or dates of service)	/ None Dr	. Leland Rans	om, Cumberl	and, Md.				
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INJURY Month, Doy. Year 20d IN Hour o. m. p. m.  19 of work  21. I certify that (!) (this haspital) attended saw the deceased alive an Industrial  22c SIGNATURE	RIBE HOW INJURY OCCURRED  UURY OCCURRED  Not while of work  and that deceased from	D. (Enter noture of injury in FACE OF INJURY (Home, form they, street, office bldg., etc.)  J. J	20f. (Cily or town)  15 (a)  M, from the cause	(County	YES NO (Stote)  (Stote)			
	23a BJRIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) BUT18.	FINSON  23c NAME OF CEMETERY O  Sunset 121 emori	22d. ADDRESS /Z6 444  R CREMATORY al Park	23d. LOCATION (City. I Cumberland	3.0	(Store)			
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			REGISTRAR'S SIGNAT	URE			
	Byron Kight Cumbe	erland, Md.	DATE M	AY 11 '60	Civina 8. th	ALLA.			

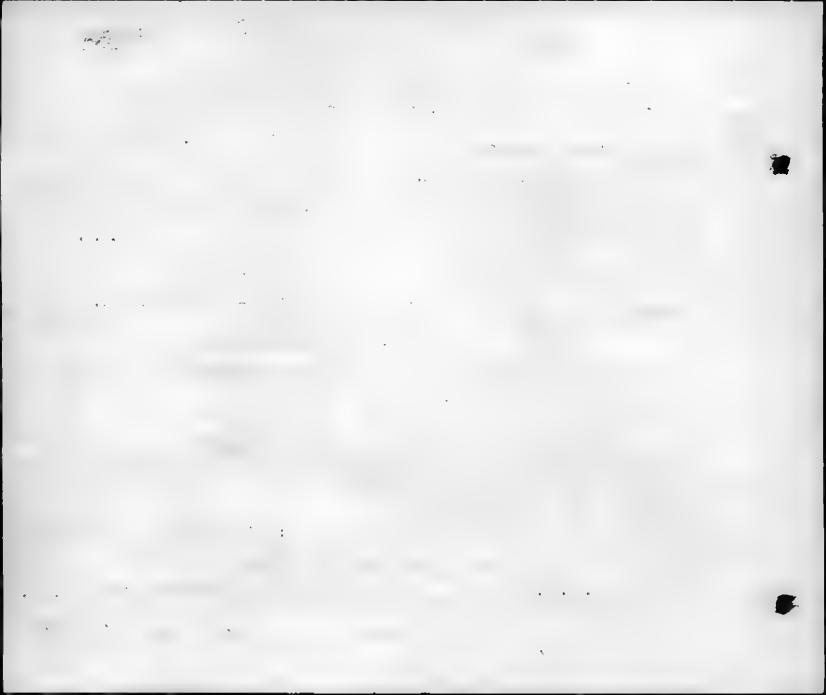


VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 5251

	1. PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (WHO D. STATE MARYLAND	ere deceosed lived If institution b. COUNTY	on Residence before admission) GANY			
		c LENGTH OF STAY IN 16		utside corporate limits, write R	URAL and give nearest town)			
	d. NAME OF HOSPITAL (IF not in hospital, give street of OR INSTITUTION MEMORIAL HOSPI		d. STREET ADDRESS	reet, ext.	8. IS RESIDENCE ON A FARM? YES NO 📆			
	MEMORIAL & WARWICK AVENUES  3. NAME OF First	Middle						
	DECEASED (Type or print) SAMUEL	L.	ROSS	OF DEATH MAY	24 19 60			
	5. SEX MALE 6. COLOR OR RACE 7. MARRIE WIDOWED		B. DATE OF BIRTH AUGUST 9, 188	9 AGE (in years lost birthdoy) 72 yrs	IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.			
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign country)	12 CITIZEN OF WHAT COUNTRY?			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME				
_	VINCENT ROSS		JENNIE	-				
100	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO (Yes. no. or unknown) (If yes. give wor or dates of service)		MORIAL HOSPIT	Add AL - CUMBERL	AND, MD.			
<b>/</b>	18 CAUSE OF DEATH [Enter only one couse per line for (o). (b), and (c).]  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stating the under. lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)							
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of work of work 19 of work of work 19								
	sow the deceased alive an 220. SIGNATURE  22c. PHYSICIAN'S NAME (Type) DR. W. F. WILLIA	ileans	ATTENDING ME PHYS. 22d. ADDRESS	D. STAFF	22b.DATE SIGNED			
	230. BURIAL CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY O	<u></u>	23d LOCATION (City, town,	1 11/1			
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS - Enterinte	250 REC'I		STRAR'S SIGNATURE / /			

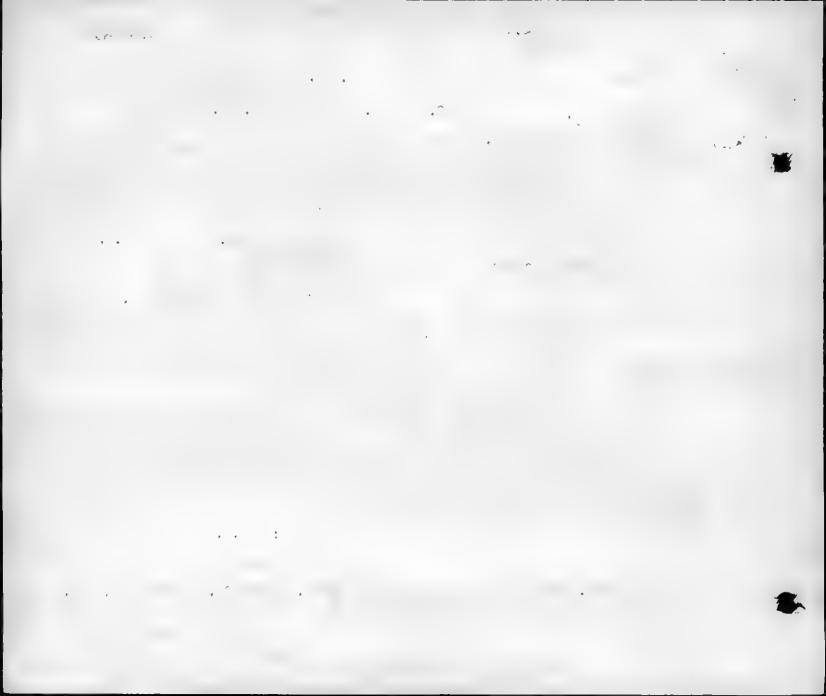


nurs after death. Page

MARYLAND STATE DEPARTMENT OF HEALTH



law requires that the death certificate be executed



TO HOSP ALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 4 may to the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled. It by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remane carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remand, and in any event, within 72 hours after death.

VR A1S [4] 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 5254 CERTIFICATE OF DEATH

	PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be county by COUNTY ALLEGA					re admission)		
) [	b. CITY OR TOWN (If autside corporate limits, write	c LENGTH OF STAY IN 16							
	CUMBERLAND, MD.	COUMBERLAND, MD.							
	MEMORIAL & WARWICK AVE.	IS ELDER STREET    IS ELDER STREET   IS RESIDENCE ON A FARM?   YES   NO E							
	3 NAME OF First DECEASED	Middle	Los	OF	E Mor	th Do	y Year		
	(Type or print) CATHER INE	D.	SHARO	N DEA	гн [М/	Y 12	19 60		
	S. SEX 6 COLOR OR RACE 7 MARRI	ED 🔀 NEVER MARRIED 🔲	B DATE OF BIRTH	1	9. AGE (In years lost birthday)	<del></del>	IF UNDER 24 HRS		
1	FEMALE WHITE WIDOWE		4-18-191	5	45 yrs.	Months Days	Hours Min		
	10o. USUAL OCCUPATION (Give kind of work done 10b.)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPL	ACE (State or fareig	country)	12. CITIZEN OF	WHAT COUNTRY?		
	Housewife Pl	CUMBE	RLAND, MD	•	W.S.A.				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	JOSEPH BEARINGER	JOSEPH BEARINGER MYRTLE DORBIN							
	ress								
	(If yes, give wer or dates of service)	ZI7-IO-7I¢RE	MORIAL H	OSPITAL,	CUMBERLAND	MD.			
	IB. CAUSE OF DEATH [Enter only one couse per line	e/for (o), (b), and (c).] /2	1	7	1 00	INTI	RVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH								
	DUE TO								
	Condition if any which								
	gove rise to immediate (D).								
cause (a), stating the <u>under-</u> lying couse lost.									
	/ (%)								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?  YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?  YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTOPSY PERFORMED?  YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTOPSY PERFORMED?								
	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18 ) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
		THE PERSON NAMED IN THE PE		5 5 1005			15		
	20c TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED Hour a. m.  9 m. 19 of work at wark of work at wark at								
	All list								
	C No // 0 4 / 1/4								
	sow the decease of the first the first that the stated above 22 CONSTURE of the stated above 2								
	ATTENDING MED DIRECTOR STAFF SIGNE								
	22K PHYSICIAN'S 22d. ADDRESS								
	DR. R.J. WILLIAMS 122 SOUTH CENTRE ST., CUMBERLAND, ME								
	23a BUR AL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY O			CATION (City, town,		(State)		
	Buriar 5-15-60	cem. Cumberland, Md.							
	24. FUNERAL DIRECTOR'S SIGNATURE		250. REC'D BY REG		STRAR'S SIGNATU	RE			
	James F. Scarpelli	Md DATE MAY 1 9 '60 Corthur S. Hans							



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5 MEDICAL EXAMINER'S CERTIFICATE OF DEATH crémation, Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY O. STATE b. COUNTY Allegany MARYLAND Allaganv b. CITY OR TOWN I f outside corporate limits, write EURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 25 min. Cumberland Rural #3 Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Sarred Heart Hospital SS YES NO PA J. NAME OF 4. DATE Month Yeor DECEASED regisfr OF DEATH (Type or print) France Shiplay Mav 19 60 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. r Pe A Hill Months Female WIDOWED White DIVORCED [ Jan. 29. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Housewife PHO Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MOY James K. Hickle Susan Barnde 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Daughter: Mrs. Beatrice Johnstone PT. #1, Cumberland no none PM3 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Occlusion Coronary IMMEDIATE CAUSE (o) burial-transit **DUE TO** Sclerosis Coronary Conditions, if any, which gove rise to immediate couse alang DUE TO (o) stoting the underlying couse lost. O iner's Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY ő PERFORMED? pesn NO PO 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port 1) of item 18.) to the Chief Medical Exam DIRECTOR: Page 3 shauld 20e. PLACE OF INJURY (Home, form, 20r. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or lown) (County) (Stote) factory, street, office bldg., etc.) m. m. Nat while of work of work D. m. 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection X, Inquiry D. and find that death resulted fram: Natural causes X, Accident . Suicide . Hamicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER 5/23/60 FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** enedict Skitarelic DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 5/26/60 Q Greenmount Cemetery Cumberland, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24o, REC'D BY REGISTRAR

Cumberland, Md.

DATE MAY 2 7 180

arthur S. Kenus

VS. A15ME(5) 5M 9/55

H. Lee Silcox



# FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please executed certificate, writing the word "pending" in pendi in Item. 18. Give Pages 1, 2, and 3 to the properties. Page 4 shows be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be received for your files.

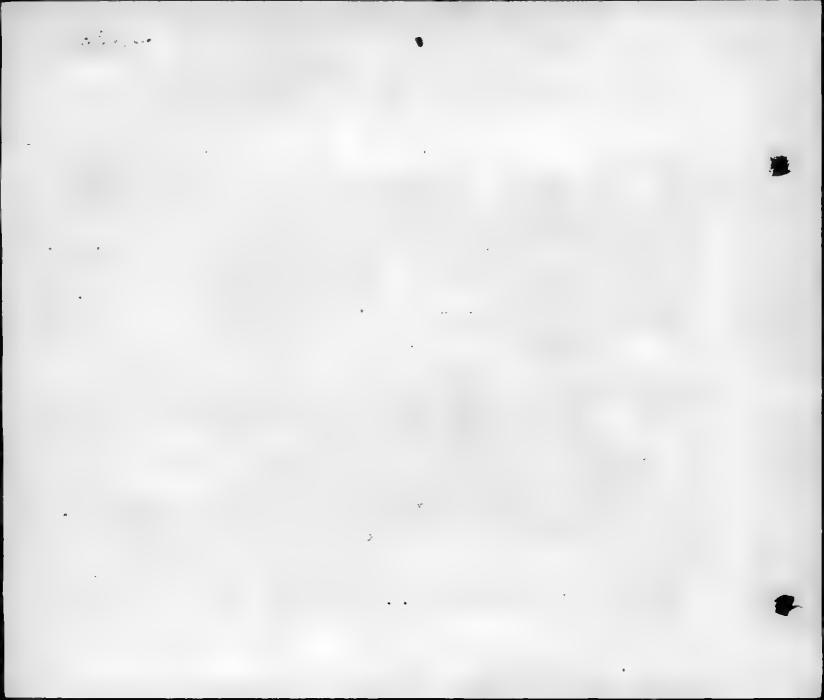
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the state Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 haurs offer death.

g<sub>i</sub>

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
5295 MEDICAL EXAM NER'S CERTIFICATE OF DEATH	Reg. Dist 15,263

1,	PLACE OF DEATH				2.	JSUAL RESIDENCE (1	Where decea	sed lived. If insti	tution: Residen	ice before o	idmission)	
Allegany MARYLAND					4D	o. STATE Maryland b. COUNTY Allegany						
b. CITY OR TOWN (If outside corporate times, write RURAL ond gove negress fown)					lb	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Route 51					10	Co Cumberland						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)					1	STREET ADDRESS					S PED DEN E	
22 miles east of Cumberland Allegany, Md					d	513 Namiland Avenue YES NOZ						
	NAME OF DECEASED	Fire	1	Middle		Lost	4. DATE OF	Mon	th	Doy	Year	
(Type or print)		William		Dennis		ock	DEATH May			3 19 60		
5. SEX		6 COLOR OR RACE	CE 7- MARRIED [] NEVER MARRIED [] 8		8. DAT	E OF BIRTH		9. AGE (In years fast birthday)	IF UNDER 1		INDER 24 HES	
Male		White	WIDOWED	DIVORCED [	De	c 16,1218		41 yrs	Months D	Days Hou	ors M'n	
10a	. USUAL OCCUPATION	N (Give kind of work d	ione 10b. Kih	NO OF BUSINESS OR IND	USTRY 1	I. BIRTHPLACE (Stote	or foreign (	country)	12 CITIZ	EN OF WH	AT COUNTRY	
ľ	Driver	mo, even il remedj	71	ceh ceh		Penns	yl vani	2		U. S.	. A.	
13.	FATHER'S NAME				14.	MOTHER'S MAIDEN	NAME			The advanced	a web	
	<i>VJ</i> -	illian Shoo	ok			Tillie	Mar a	matros				
	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES?   16. SC	CIAL SECURITY NO. 12	7. INFOR		-11 1y -y		and Av	enne		
{Yet	Yes (	[il yes, give war er dates af s		2-12-8762	lrs.	Martha Sh	00%	mberlan				
-/		H [Enter only one cour				AND				TINTERVAL RE		
		WAS CAUSED BY:			-					ONSET AND	DEATH	
		MMEDIATE CAUSE (a)		Crushed Skal	11					Chada.	en	
	* 23X DUE TO											
	Conditions, if ony, which) (b) Automobile Accident											
	gove rise to immediate couse (a), stating the underlying DUE TO											
	couse last.	(c).										
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY											
3	#I SO fractions and human of I											
MEDICAL CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) AUTO CRASHED INTO THE											
AL.		Y Manth, Day, Yea	IAI PUC	HIEV OCCUPPED 120	BI ACE OI	INTITIEV (Home fore	206 150	u an fawa)	16000		150-4-1	
ă	fortant and afficient and the first of the f								farciel			
3	Hour o.m 12;00 5/3 19 60 While of work in rouce 51 Cumberland Allegany Md									d		
	21. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, and in my											
	opinion death resulted from: Natural causes Accident Suicide, Hamicide, Undetermined manner											
	/	) ,	a - ().	1	,						TE ELGALED	
	SIGNATURE & Devedent Sketarelie M.D. CHIEF MEDICAL EXAMINER [] DATE SIGN											
	ASSISTANT MEDICAL EXAMINER ( 5/1/67							57				
	EXAMINER'S B enedict Skitarolic M.D. DEPUTY MEDICAL EXAMINER 12											
220		1. 226 DATE THEREO	F  2	C. NAME OF CEMETERY	OR CREA	ATORY	22d LOCA	ATION (City, lown,	or county)	(!	Stote)	
	Burial	5/5/60		Sinset Memo	rial	Pank	קוווינים	erland	זיין רייאן	77: 1		
23	FUNERAL DIRECTOR S			ADDRESS		24a REC	D BY REGIS		ISTRAR'S SIGI			
	Ruth E. S	Silcox Cu	mberla	and Mar 7		DATE	AY 1 0 '6	ou C	allun S. I	Traus		

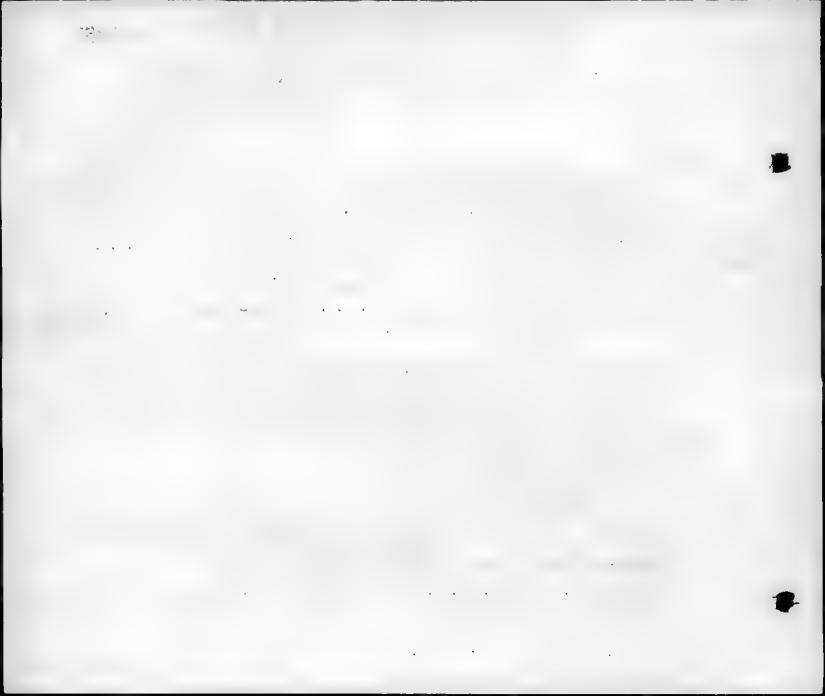


# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 5290

05264

0.000	ÇEKIIITOA	IL OI DEATH			
1 PLACE OF DEATH  o. COUNTY Allowers	MARYLAND	2 USUAL RESIDENCE (WHO STATE		nstitution Residence be	
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If of	outside corporate limits,	write RURAL and give r	nearest town)
d. NAME OF HOSPITAL (If not in haspital, give or institution 74 Main	e street address)	/d. street Address 74 Main			e. IS RESIDENCE ON A FARM? YES NO.
3. NAME OF DECEASED (Type or print) Many	Middle Elizaheth Sh	lost	4. DATE OF DEATH	Month Žį	Day Year
Van. 10 101. 11.		B. DATE OF BIRTH Mar. 20, 1871	9. AGE (In last birth		AR IF UNDER 24 HRS 5 Hours Min.
100 USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) HOUSE Wife	ne 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote Virginia	or foreign country)	12.CITIZEN	OF WHAT COUNTRY
13. FATHER S NAME		14 MOTHER'S MAIDEN N	NAME		•
James Morrison		Esther R.	Clark		
15. WAS DECEASED EVER IN U. S. ARMED FORCI (Yes, no, or unknown) (If yes, give wor or dates of serv	nce)	NFORMANT		Address	
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying couse lost.  CAUSE DRY  (b)_ DUE TO  (c)_ (c)_	Pulmonary edema  Left Ventricular  Acute Myocardial				3 days 3 days 3 days
САТІС	ITIONS CONTRIBUTING TO DEATH BUT				19. WAS AUTOPSY PERFORMED? YES NO
	06. DESCRIBE HOW INJURY OCCURRE	D {Enter noture of injury in	Post I or Port II or stem	10.)	
20c. TIME OF INJURY Month, Doy, Year Hayr a in. 19	While Nat while fa	ACE OF INJURY (Home, form ctory, street, office bldg., etc		(Count	
21 I certify that (I) (this haspital) saw the deceased alive an Apr					ite stated above
22d. SIGNATURE 22d PHYSICIAN'S NAME (Type) bert W. Bess	Jr. J. D.	PHYS X DI	ED STAFF PHYS [		22b, DATE SIGNE
230 BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY O	OR CREMATORY	23d. LOCATION (City,	town, or county)	(Stote)
REMOVAL (Specify) E/F/KO	7h410g		ratemp		Md.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Westernmont, Md		D BY REGISTRAR 25L		TURE
			NAME OF TAXABLE PARTY.		

VR ATS (4) TSM 9/59



VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5256

**CERTIFICATE OF DEATH** 

8 05265 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	01 D 13 w	MARYLANG	2. USUAL RESIDENCE a. STATE Maryl	•	lived. If institut b. COUNTY			ission)
b CITY OR TOWN (If RURAL and give new	gany dutside corporate limits, write arest town) erland	D. O. A. at	c. CITY OR TOWN	(If outside corpord	ate limits, write l	Allens		wn)
d. NAME OF HOSPITA	At (If not in hospital, give street morial Hospita	address)	d STREET ADDRE				ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First Alex	Middle	Lost	4. DATE OF DEATH	Mav		Day	Year 19 60
5 SEX	6. COLOR OR RACE 7. MARR			5	P. AGE (In years last birthday)	IF UNDER 1 N	YEAR IF UN	DER 24 HRS
M 10a. USUAL OCCUPATIO	Negro WIDOW!		March 1, 1		62 yrs		N OF WHAT	COUNTRY
during most of worki	N (Give kind of work done 10b. ing life, even if retired) llector Ci	ty of Cumber	land Ports	mouth, V	a.	ŀ	S A	
13 FATHER'S NAME			14. MOTHER'S MAID	DEN NAME				
San	uel Simpson		Ma	rtha?				
	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 15-14-608/M	rs. Clara S	impson,		land, b	id.	
Canditians, if an gave rise to in cause (a), stating t	he under- DUE TO (c)	External Spunderiol	acteursten		la Vecada.	lesa.	Ga	(in)
ICATIC	ER SIGNIFICANT CONDITIONS (					VEN IN PARE I	PERI YES [	ORMEDE
	S UNDERLYING   206. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRISE HOW INJURY OCCUR	RED. (Enter nature af Injul	ry in Part I ar Part	II at item 18)			
20c. TIME OF INJURY Hour o. m. p. m.	While		PLACE OF INJURY (Harne, factory, street, affice bldg	form, 20f (City	ar tawn)	(Car	unly)	(State)
alive an	at I attended the deceas	10	th accurred at 2	D.M. from t			date state	
PHYSICIAN'S G	Overton Himme	lwright, N.	_M.D. /331	uffun	Me		5/-	e flet.
220 BURIAL, CREMATION REMOVAL (Specify) Burial	N, 226. DATE THEREOF	22c. NAME OF CEMETERY	or CREMATORY		ON (Gity, town,		uarvl:	ale)
23. FUNERAL DIRECTOR'S		ADDRESS	240	REC'D BY REGISTR	AR 24b REG	ISTRAR'S SIGN	- 0	a HU

1. 37 3

VR A15 (4) 1SM 9/S9 MARYLAND STATE DEPARTMENT OF HEALTH
525 PHYSION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (W)			e befare admission)
ALLEGANY	MARYLAND	MARYLA	ND B. CC	UNTY	ALLEGANY
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)     CUMBERLAND	c. LENGTH OF STAY IN 16  3 DAYS	c. CITY OR TOWN (IF &	vage VAGE	write RURAL and g	ive neorest town)
OR INSTITUTION MEMORYAL HOSP	Address) TAL 3.	d. STREET ADDRESS			IS RESIDENCE ON A FARM' YES NO [
3 NAME OF DECEASED (Type or print) First	Middle  BETH E	SKIPPER	4. DATE OF DEATH	Manth MAY	16 19 60
		8. DATE OF BIRTH			YEAR IF UNDER 24 H
FEMALE WHITE WIDOW	RIED   NEVER MARRIED	OCTOBER 7.18	9 AGE (In last birt	The second second	Days Haurs Mir
10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. 8IRTHPLACE (State	ar fareign country)		EN OF WHAT COUNT
Housework Ow	n Home	_ Six Mile	Run, Pa.		J.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			
HARTMAN O'NEAL		ESTHER W	ILLIAMS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 17	NFORMANT		Address	
No None	None	MEMORIAL HO	SPITAL, CUM	BERLAND,	MARYLAND.
18. CAUSE OF DEATH [Enter only one cause per li	ne far (a), (b), and (c).}				INTERVAL SETWEEN
PART J. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	CONGESTIVE HEA	ART FAILURE			4 DAYS
4.10 DUE TO	CONCEDENTE LIE	HI HIEVIE			TOMIS
Canditions if any, which )	CORONARY ARTER	RY DISEASE			4 TO 5 YE
gave rise to immediate DUE TO					
lying cause last.					
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CONDITIO	ON GIVEN IN PART	1(a) 19. WAS AUTOP:
NA PARAMETER AND					PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS  200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I ar Part II af item	18.}	1.00
	NJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, form	, 20f (City or town)	IC.	ounty) (Sta
20c TIME OF INJURY Manth, Day, Year 20d I Haur a.m. 19 While p. m. 19	Nat while fac	ctary, street, affice bldg., etc		(~	onut) (200
21 I certify that (I) (this hospital) attend	ded the deceased fram.	5-13-60 19	5-16-	60 19	_, that (l) (we) lo
saw the deceased alive an 5-15-60	19 and that a	leath occurred a2:2	CM. Af Nom the caus		
22o. SIGNATURE					22b DATE
william of I	Ohie		ED. STAFF RECTOR PHYS		SIGN
. 22c. PHYSICIAN'S NAME (Type)		22d, ADDRESS			
	AMES	441 NORTH	I CENTRE ST	., CUMBER	LAND, MD.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City,	tawn, ar caunty)	(State)
Burial 5-18-60	Methodist Ce	metery	Mt. Savas	ze.	Md.
24 FUNERAL DIRECTOR'S SIGNATURE Hafer		2So REC'I		REGISTRAR'S SIG	
Gerlah H. Workent 23 E.		DATE MO DATE	2 0 '60	arthur 8 1	times



VR A15 (4) 15M 9759

1 12.

	MARYLAND	STATE DEP	ARTMEN	T OF HEAL	TH
DIVISION	OF STATISTICAL				MARYLAND
5258	CE	RTIFICATE	OF DEA	ATH	
		2.	USUAL RESIDEN	CE (Where decease	d sived. If in

1. PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceased in		Residence before o	dmission)
o. COUNTY	Allegany	MARYLAND	o. STATE Mar	yland	b. COUNTY	Allega	ny
b. CITY OR TOWN ( RURAL and give n	If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate	e limits, write RURA	L and give nearest	lown)
	erland	4/29/53	2 From	stburg			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street	oddress)	d. STREET ADDRES			(	RESIDENCE
	Allegany Cour	nty Infirmar	50 1	Bealle S	treet	YE	S NO
NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Day	Year
(Type or print)	Effi•		Smith	DEATH	May	22,	1960
5 SEX			B. DATE OF BIRTH	9		UNDER I YEAR IF I	Durs Min.
Female	White WIDOW		3/9/1869		/-	,	
Joa. JSUAL OCCUPATION during most of wor	ON (Give kind of work done 10b king I fe, even if ret red)	KIND OF BUSINESS OF INDUS	STRY 11. BIRTHPLACE (S	State or foreign coun	itry)	12. CITIZEN OF WE	
Retired:	<b>A</b>	Dept. Store	Prosto	urg, Mar	yland	U. S.	A.
13. FATHER'S NAME	Tolan Condida	-	14. MOTHER'S MAID	_			
	John Smith	and the second s		Faradaj		- 1 1	3 34
	(If yes, give wor or dates of service)			Box 599		Cumberl	
<u> </u>			llegany C	ounty Ir	111rmary		
	ATH [Enter only one cause per li	ne for (o), (b), and (c).]		Dear	and to	ONSET	AND DEATH
1 2 2 1	IMMEDIATE CAUSE (0)	monic ry	rearrier	Degen	war co	-	<u> </u>
1.5	DUE TO	12.11	4/11.	21/			?
Canditions, if a	ID:	alrurar	run.	orshed	3-		
couse (o), stating		le o local	1 Ast	1165	cles -		>
Z Page II OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	V V V		IN PART 1(a) 19. V	VAS AUTOPSY
PART II. OT	HER SIGNIFICANT CONDITIONS	10 2) 21	111011	sheo		P	ERFORMED?
E 200 ACCIDENT W	AS UNDERLYING   20b. DES	CRIBE HOW INJURY OCCURRE	D (Foter nature of injur	v in Port I or Port II	of item IBJ	1 15	3 140 1
□ OR CONTRIBUTING	CAUSE OF DEATH	CRIBE TIOTA MAJORI OCCORNE	D. (Elliet states of siljet	y III 1011 101 101 11			
		NJURY OCCURRED 20e. PL	ACE OF INJURY (Home,	form. 20f. (City or	town)	(County)	(Stote
Hour o.m.	While	6	ctory, street, office bldg.		,	,,	
	01 401		1, /20 /E2		5/22/60		
	at (I) (this haspital) attend	ded the deceased fram	4/67/22			, 19, that	
saw the decea	sed alive an 5/23/09	019 , and that c	leath accurred a	· 2 MASIRWA SH	e causes and a	an the date st	226 DATE
220. 510.12.00.2	t 4 .	noton	ATTENDING	MED.	STAFF PHYS		SIGNED
22c PHYSICIAN'S	acces or	Lienn	M.D PHYS. XI	DIRECTOR	THIS CAL		
NAME (Type	Dr. James E.	McLean	49 G:	reene St	Cumbe	rland,	Md.
23a. BURIAL, CREMATIC	ON 236 DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY		N (City, town, or c		(Stote)
REMOVAL (Specify Burial		F'bg.Memor			stburg,		Md.
24, FUNERAL DIRECTOR		ADDRESS		REC'D BY REGISTRA		AR'S SIGNATURE	
1 12	1. my	Frostburg.		1843/ D.E. 20		thur S. Hau	4

( . ٠ CE a

TO HOSYZAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24, hours after death. Page 4 moy a visited by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled his the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 3 and 2 should be filed with the State Board of Health prior to burial, cremation, or remavol, and in any event, within 72 hours after death

VR A15 (4) 15M 9/59

 $\begin{array}{c} \text{MARYLAND STATE DEPARTMENT OF HEALTH} \\ 5259 & \text{CERTIFICATE OF DEATH} \end{array}$ 

	PLACE OF DEATH  COUNTY  ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Who a. STATE MARYLA	b	If institution COUNTY	ALLEGAN	admission)
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  CUMBER LAND	8 HOURS	c. CITY OR TOWN (IF o	utside carporate lim	its, write RU	RAL and give neare	est fawn)
*	OR INSTITUTION MEMORIAL AVENUE	rddress)	d. STREET ADDRESS	RADDOCK R	OAD		IS RESIDENCE ON A FARM? YES NO 🔀
	3. NAME OF DECEASED (Type or print) ELIZABET	Middle	Lost SMITH	4. DATE OF DEATH	Manth MA Y	Day 29.	Year 19 60
	5. SEX 6. COLOR OR RACE 7 MARRI FEMALE WHITE WIDOWE	ED KNEVER MARRIED	B. DATE OF BIRTH MAY 30, /9/	. last	(In years	FUNDER TYEAR	
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Housewife  13. FATHER'S NAME	kind of business or indus	TRY 11 BIRTHPLACE (State  MARYLAND  14. MOTHER'S MAIDEN N			U. S.	VHAT COUNTRY?
	HARRY W. MATHENEY  15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO 17. IN	GERTRUDE	SINCELL	Addre	*\$\$	
	(Yes, no. or unknown) [If yes, give wor or dates of service]	None M	EMORIAL HOSPI	ITAL - CUI	MBERLA	ND, MD.	
	18. CAUSE OF DEATH [Enter only one cause per lin PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If on, which gave rise to immediate cause (a), stating the under lying cause lost.  Part II. OTHER SIGNIFICANT CONDITIONS C	rebral 170m	norwage h	nal disease conf	ft DITION GIVE	ONSE	WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH URLD CONTRIBUTING CAUSE OF DEATH URLD CHEER, NOTIFY MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURRED	). (Enter nature of injury in f	Part I ar Part II of it	tem 18 )		YES NO Z
	Haur o. m. While		NCE OF INJURY (Hame, farm tary, street, affice bldg., etc.		n)	(County)	(State)
,	21. I certify that (I) (this haspital) attend saw the deceased alive an 9 7 mg.  220 SIGNATURE  220 PHYSICIAN'S NAME (Type)  DR. W. ALFRED	1960, and that d	22d. ADDRESS 122 S. (	ENTRE ST	s. 🗆	29 m  BERLAND,	MD.
	230 BURIAL, CREMATION, 23b DATE THEREOF Burial June 1, 1960	Hillcrest Bu		Cumberl		* /	(State) Md.
aj:	24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a REC'	D BY REGISTRAR UN 3 '60		TRAR'S SIGNATURE	

MARYLAND STATE DEPARTMENT OF HEALTH

5260 CERTIFICATE OF DEATH

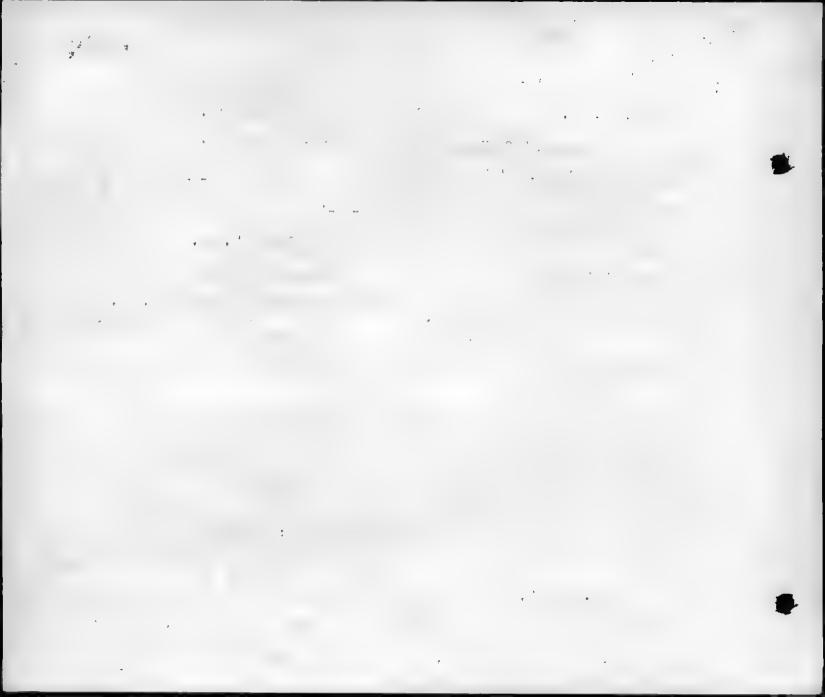
ntogn

L	C # 00	CERTIFICA	IL OI DEATH	(	1020:1
1.	PLACE OF DEATH		2. USUAL RESIDENCE (W	here deceased lived If institution- Resi	dence before admission)
	ALLEGANY	MARYLAND	MARY	LAND ALL	EGANY
	b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If	autside corporate limits, wrîte RURAL o	nd give nearest town)
	CUMBERLAND. MD.	53 DAYS	CUMBER	LAND, MD.	
	d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	·	406 LOUIS	SIANA AVE.	e. IS RESIDENCE ON A FARM? YES NO
_	MEMORIAL HOSPI				1 = -
3.	NAME OF DECEASED (Type or print) SMITH, KA	TE ELIZABETH	Last	4. DATE Month OF DEATH 5-8-60	Day Year 19
5	SEX 6. COLOR OR RACE 7 MAR	RIED 🕅 NEVER MARRIED 🔲	B. DATE OF BIRTH		DER I YEAR IF UNDER 24 HR
	FEMALE WHITE WIDOW	ED DIVORCED	5-31-1877	82 yrs Month	Days Hours Min.
10	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or fareign country) 12	CITIZEN OF WHAT COUNTR
		wn Home	MARTINSBU	JRG. W. VA.	USA
3	FATHER'S NAME	WIT AND .	14. MOTHER'S MAIDEN		
	LOUIS WELLEN		MARGARE	T LOUISE CREIG	
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17. IN	IFORMANT	Address	
ľ	(es no, or unknown)     If yes, give wor or dates of service)	none M	EMORIAL HOSPI	TAL, CUMBERLAND,	MD.
	IB CAUSE OF DEATH [Enter only one couse per li		. ,	-	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(Certeran)	yeather 3		ONSET AND DEATH
	Conditions, if any which gove rise to immediate couse (a), stoting the under. lying cause lost.	12 C+220-120	1 150	11. Sirensto	gry 2 2
CERTIFICATION		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	inal d sease condition given in	PART I(a) 19 WAS AUTOPS PERFORMED? YES NO
_		SCRIBE HOW INJURY OCCURRED	D (Enter nature of injury in	Part I or Port II of Item 18 )	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. Haur o. m. While of wo	Not while for	ACE OF INJURY (Home, farr ctory, street, office bldg., etc		(County) (Stat
	21 I certify that (I) (this haspital) attended to the deceased alive on the deceased alive of the deceased alive on the deceased alive on the deceased alive of the deceased ali	ded the deceased from .	1/2 × 1/2 19	3A from the causes and an	that (I) (we) la
	220, SIGNATURE	i7 42 .47 and thej/o	learn accurred at 1 - 1	on, fram the causes and an	22b DATE
	12 Leig/ oh	としてなけり	M.D ATTENDING M	ED STAFF	5/9/60
	22c. PHYSICIAN'S NAME (Type) DR. CLAY E. DU	RETT	22d. ADDRESS	. Linz Parione	later of ru
23	Bo. BURIAL, CREMATION, 23b DATE THEREOF BUT121 5/11/60	23c NAME OF CEMETERY O		Cumberland, Mai	ryland (Store)
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		'D BY REGISTRAR 256. REGISTRAR'S	A c
	John J. Hafer, Cumbe	erland, Maryla	ind DAMAY	16'60 ariling &	Kenisa

TO HOW WILL DIR ATTENDING ENYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be annead by the hospital or attending physician.

TO FUN ALDIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 shauld be detached far use as the buriol-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Board at Health priar to buriol, cremation, or remaval, and in ony event, within 72 hours after death

VR #15 (4) 15M 9/59



# If any delay is necessary, please erest he function. Page 4 should be prior to buriol, cremotion, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter deoth. If any delay cuted certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune? Forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your manneral DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registran

cute certificate, writing the ward "pending" in pencil in Item 18. Giv forw. ed to the Chief Medical Examiner's Office along with form PM3.

VS. A15ME(5) 5M 9/55

PLACE OF DEATH

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5261 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)

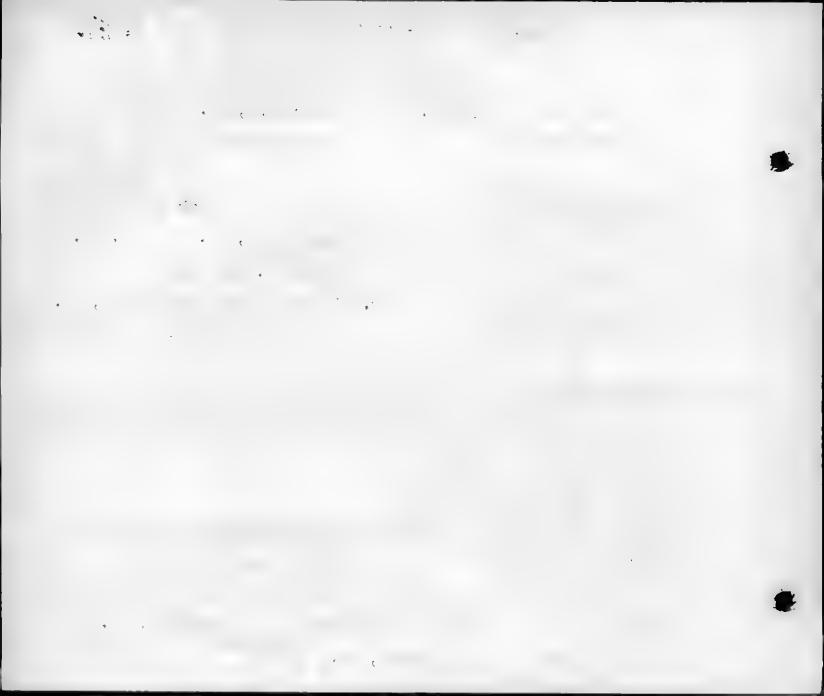
) 6. COUNIT	Allegany		MARYLAI	O. STATE	aryla	ınd	b. COUNT	Alle	gany	
b. CITY OR TO	OWN (If autside carporate limits, write	BURAL .	c. LENGTH OF STAY IN	b AS CITY OF	TOWN (IF	outside corpor	ale limite, write	RURAL and	give negrasi	town)
Cumber	-		38yrs	5 Cumb	e <b>rl</b> an	ıd				
	HOSPITAL OR INSTITUTION (	If not in hosp	ital, give street address)	d. STREET	ADDRESS					S RESIDENCE
2I F	ennsyalvani	a Ave	•	SI	Penns	yalva	na Ave	•		□ но 🖪
3. NAME OF DECEASED	Fire	pệ .	Middle	Los	t i	4. DATE OF	Mont		Day	Year
(Type or print	Ellis		T. S	neathen		DEATH	May		Ι,	19 60
5. SEX	6. COLOR OR RACE	7. MARRIEC	NEVER MARRIED	8. DATE OF BIRTI	Н	9.	AGE (In years lost building)			NDER 24 HRS.
M	W	WIDOWED		Dec. 1	<b>5, 19</b>	00   5	9 yrı.			
10a. USUAL OCC	UPATION (Give kind of work for working life, even if retired)	dane 10b. Kl	ND OF BUSINESS OR IND	USTRY 11. BIRTHPI	ACE (Slote o	or foreign cou	ntry)			AT COUNTRY?
Carpe	nter	Bı	ıi <b>l</b> der	Fort	ASN	by M.	/a.	U.S	S.A.	
13. FATHER'S NA				14. MOTHER'S						
1	uel M. Sneat				Sally	Richa	ardson			
15. WAS DECEA	SED EVER IN U. S. ARMED FO	service!					Address			
No.		21	4-05-6/67	Mrs. Hil	Lda Si	neathe	en, Cuml	perlar	nd, Mo	l.
18. CAUSE C	OF DEATH [Enter only one cau								INTERVAL BE	TWEEN
PART	1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (6)		Jun Shot W	ound Of	Head				Suc	lden
19	A X DUE TO									
Conditions	, if ony, which ) (b)									
	the underlying DUE TO									
couse lost.										
Z PART	II. OTHER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH B	JT NOT RELATED TO	THE TERMIN	NALDISEASE (	ONDITION GIV	EN IN PART	1(o) 19. W	AS AUTOPSY RFORMED?
18									YES [	
PART  20g. EXTERN PRIMARY  CAUSE OF C	IAL CAUSE WAS 20 OF CONTRIBUTING	b. DESCRIBE	HOW INJURY OCCURRED	). (Enter nature of l	njury in Port	t or Port II of	item 18.)			
	DEATH.		Self Infli							
20c. TIME O			NJURY OCCURRED 20e.	PLACE OF INJURY (	Home, form,	20f. (City o	r town)	(Coun	ity)	(State)
5:0	0 m 5-31 196	30 While	k ot work	Home	a magi, oldi,	Cumb	erland	Alle	gany	Md.
21. 1 ceri	tify that I taak charge	af the re	emains described o	bave, held ar	Autopsy	, Ins	pection X	Inquiry	X, an	d find that
death res	sulted fram: Natural	causes _	, Accident .	Suicide 🔼, I	Homicide	☐, Uno	letermined (	cause 🔲.		
		. /	2.	_						
SIGNATUR	Bluedia	+1	Citarele	M.D. CHIEF	MEDICAL EXA	AMINER 🔲			DA	TE SIGNED
	1000000	, , , ,		ASSIST	ANT MEDICA	& EXAMINER				
EXAMINER NAME (Typ	Dr. Benedi	ict S	kitarelic,	MD DEPUT	MEDICAL E	XAMINER 📉		May	3 <b>1,</b> :	L960
220. BURIAL, CR	EMATION, 226. DATE THEREC	OF I	22c. NAME OF CEMETERY				ON (City, town,		l:	Sicie)
Burla	1 June 3	,1960	St. Mary	's Ceme	tery	Cumb	erland	, Md.		
	RECTOR'S SIGNATURE		ADDRESS	75 -	24a, REC'D	BY REGISTRA		STRAR'S SIGI		
James	F. Scarpel	lí, C	umber Land,	Md.	DATE	3(1 0 0		Z.	- CLANAG	



2. USUAL RESIDENCE (Where deceased fived If institution: Residence before admission) PLACE OF DEATH Allegany b. COUNTILegany a. COUNTY MARYLAND Marvland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) Lonaconing, MD. rostburg 3days. d. STREET ADDRESS e. IS RESTDENCE d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Miners Hospital ON A FARM? Detmold Street YES NO 17 4. DATE Middle Month Year DECEASED SNYDER 16/1960 MARGARET DEATH 19 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 9 AGE (In years 16. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX last birthdoy) Dovs Female White WIDOWED 🎢 DIVORCED | 12 CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) U.S.A. Longconing. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Sarah C. McCloud David Beeman 17 INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Lindley Snyder Lonaconing. No None INTERVAL BETWEEN 1B. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY DUE TO Conditions, if any which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 CATION PERFORMED? YES NO 1 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I at Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Day foctory, street, office bldg., etc.) Hour a.m While Not while of work of work p. m (6 1960 that (1) (we) last 21 I certify that (I) (this haspital) attended the deceased fram. 195 9.10 M. G. 16 1960 , and that death accurred at SOM, from the causes and on the date stated above. saw the deceased alive an VNac 22b, DATE 22c SCHATURE SIGNED ATTENDING PHYS MED DIRECTOR STAFF M.D 22c PHYSICIAN'S 22d. ADDRESS NAME (Type 23d LOCATION (City, town, or county) 230. BLR AL, CREMATION. DATE THEREO 23c NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery Lonaconing 250. PROT BY REGISTRAR **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE 9 GEORGE EICHHORN LONACONING. MD.

With director filed urs after death funeral 8 should firle Pages death. puo pou 502 ,⊑ that the deoth certificate physicio remove attending please # permit. gne attending physician. burial-transit certificote RAL DIRECTOR: page VR A15 [4]

15M 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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be fit ed with

ours after death. Page 4

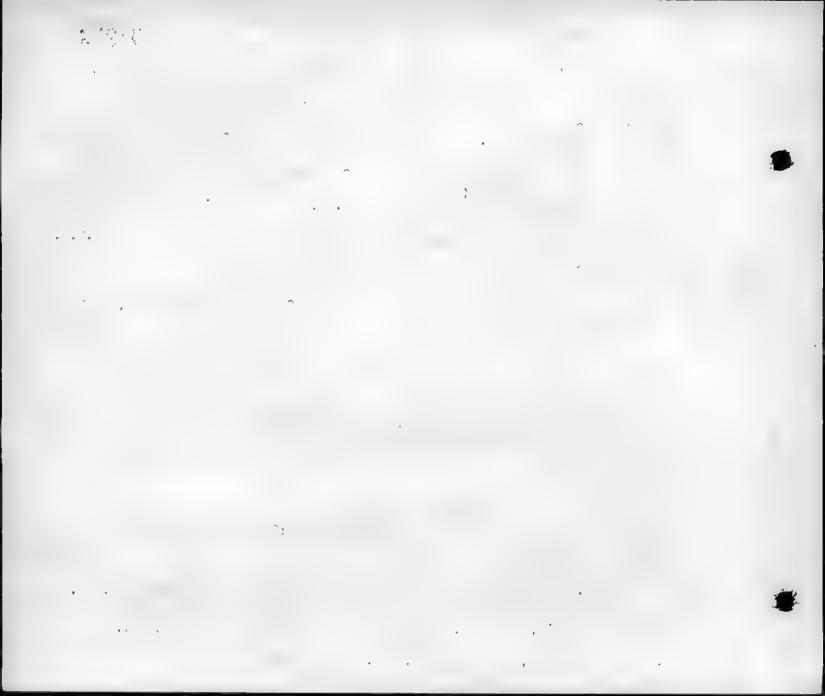
by the funeral directar, 2 shau d may It is rained by the haspital ar attending physician.

TO FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filtered page 3 should be detached far use as the burial-transit permit. Then please remake carban papers. Pages 1 and the State Board of Health prior to burial, cremation, or remaval, and in any every within 72 hours after death.

AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSP VR A15 (4) 15M 9/59

		2020		CERTIFIC	CAIL	OF DE	:AIT						
	COUNTY AL	LEGANY		MARYLA	- 11	o. STATE	ENCE (WI		b. COUNTY		ice befor	e admiss	ion)
	b. CITY OR TOWN (IF RURAL and give new CUMBERLAN	prest lown)	its, write	c. LENGTH OF STAY IN	16	N 4		RLAND	rote limits, write f	URAL ond	діче пеа	rest town	)
	MEMORIAL	WARWICK			1	d. STREET AC		ILLIAM!	S ROAD			IS RES ON A YES X	DENCE FARM?
	NAME OF DECEASED (Type or print)		PHR LA	Middle		STAFF(	ORD	4. DATE OF DEATH	Moi MA Y		<sub>00</sub> ,		Yeor 1960
	MALE	6. COLOR OR RACE	WIDOWI		1 0	NOV.25,			9. AGE (In years last birthday) 70 yrs	Months	Days	Hours	Min.
	Farmer	N (Give kind of work ing life, even if retired	dane 10b.	Farming		WEST	VIRO	GINIA	ountry)	12. CIT		S.A	OUNTRY
13.	FATHER'S NAME  GEOR	GE STAFFOR	D		1	4 MOTHER'S		BUCY					
	WAS DECEASED EVER s, no, or unknown) (1	IN U.S. ARMED FOI If yes, give wor or dates of	service)	SOCIAL SECURITY NO 16-04-3011	17 INFO	RMANT FOR LAL	HOSPI	ITAL	CUMBET	RLAND	MAI	RYLA	ND
	PART I. DEAT  Conditions, if or gove rise to in couse (o), stoting t	TH WAS CAUSED BY- IMMEDIATE CAUSE (c  DUE TO  IV, which (t)		re for (a), (b), and (c) ]	Jer	o kny	120	~ 7	8521-02	٥		ET AND	
CERTIFICATION	20a ACCIDENT WA	ER SIGNIFICANT CON		ONTRIBUTING TO DEAT					E CONDITION GI	VEN IN PAR	RT 1(a) 15	PERFO YES	AUTOPSY PRMED? NO
MEDICAL CER	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)  Month, Doy, Ye  19	ar 20d, II While of wor	Not while	De PLACE foctory	OF INJURY (H	tome, form bldg , etc	n, 20f. (City	or town)	(	County)		(Slote
	21. I certify that saw the decease 220 SISSNATURE 22c PHYSICIAN'S NAME (Type)	DR. GEORG	E SIM	ded the deceased fr 19£0, and the		ATTENDING PHYS  22d. ADDRES	o.9:3	ED IRECTOR [		nd an th	e date	stated	
L	BURIAL, CREMATION REMOVAL (Specify) Burial	May 28.	1960		-	emeter	<del></del>	Cum	TION (City, town, berland	. Md		(Stat	e)
24.	H. Wayn		, Cu	mberland.	Md.		25a. REC	D BY REGIST	RAR 25b. REG	اstrar's si مسانیر	GNATUR	E	



	0.000	GERTHIOA			0000
PLACE OF DEATH	Allegany	MARYLAND	o. STATE	ere deceased lived. If institution: Resid	dence before admission)  legany
			Maryl		
RURAL and give r		12/2/58	1 00	outside corporote limits, write RURAL or crland	ad give nearest town)
Cumbe:	ITAL (If not in hospital, give street		d STREET ADDRESS	FLAHU	e. IS RESIDENCE
OR INSTITUTION				Park Street	ON A FARM? YES NO A
3. NAME OF DECEASED (Type or print)	Orph <b>a</b>	Middle <b>B</b> •	Tabler	4. DATE Month OF MA.Y	31, Year 60
5. SEX	6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	The state of the s	S Doys Hours Min.
Female	White widow		10/10/1882	77 yrs	
10a. USUAL OCCUPATI during most of wo Housew	ION (Give kind of work done 10b. rking life, even if retired)	KIND OF BUSINESS OR INDU	Pennsy	or foreign counties envilled.C	U. S. A.
13. FATHER'S NAME			14 MOTHER'S MAIDEN N		
	Christian En	gle	Emur	a Boucher	
		SOCIAL SECURITY NO. 17	NEORMANT P.O.BC	x 599 Address C	umberland, M
(Yes, no, or unknown)	(If yes, give wor or dates of service)	nhne I	Allegany Cou	inty Infirmary	Records
	ATH [Enter only one couse per li		,		INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY:	Pulin	onery The	1 Donatano	ONSET AND DEATH
. 1 3	IMMEDIATE CAUSE (o)	0	1	The same	1310
Conditions, if		Chronic	2	as detr	>
gove rise to	immediate Dus TO	·	1	<i></i>	7
couse (o), stating	g the <u>nuber</u>	Osteo-	artfrete	2	
PART II. OI	ther significant conditions of Celebral	articles	T NOT RELATED TO THE TERMI	INAL DISEASE CONDITION GIVEN IN F	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING TO CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Fort II of item 18.)	
PART II. OT OR CONTRIBUTION (IF EITHER, NOTIF Hour o, m.	. While	Not while fo	LACE OF INJURY (Home, form octory, street, office bldg., etc.		(County) (Stote)
	nat (I) (this hospital) attend			ta 5/31/60 19	P, that (I) (we) last the date stated above
220 SIGNATURE	ues 8. 724	eau	M.D. PHYS. A. DI	ED STAFF K	226 DATE 6/1/60 SIGNED
22 PHYSICIAN'S NAME (Type)	Dr. James E.	McLean	49 Green	ne St., Cumberl	and, Md.
23a BUR AL, CREMATI	ON, 236 DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, town, or count	ly) (State)
Burial (Specific	6/3/60	Rose Hill Ma	ausoleum	Cumberland, Ma	ryland
24, FUNERAL DIRECTO		ADDRESS	2111	D BY REGISTRAR 25b. REGISTRAR'S	
John J.	Hafer, Cumberl	and, Maryland	DATE	N 3 '60 arthury	8. Finus



# MARYLAND STATE DEPARTMENT OF HEALTH 5264 CEPTIFICATE OF DEATH

0597A

			0203	CERTIFICA	AIE OF DEATH		0000
		PLACE OF DEATH COUNTY ALLEGANY		MARYLAND	2. USUAL RESIDENCE (WI o. STATE MARYLAND	here deceased lived. If ins b. COU	titution Residence before admission) NTY ALLEGANY
	1	COMBERLANI	st town)	c. LENGTH OF STAY IN 16			
^	-	d. NAME OF HOSPITAL	of notice street L & WARWICK A	oddress)	d. STREET ADDRESS KNOBLEY VI		e. IS RESIDENCE ON A FARM? YES NOT
1 1	3. I	NAME OF	First	Middle	last	4. DATE	Month Day Year
		DECEASED (Type or print)	HOY	(Roy)	THOMPSON	OF DEATH	MAY 9 1960
	5. 9		WHITE WIDOW	RIED   NEVER MARRIED   ED   DIVORCED	MAY 13., 18	9. AGE (In y lost buthd	
	10a	during most of working	life, even if retired)	KIND OF BUSINESS OR IND	eld RIVERTON		12. CITIZEN OF WHAT COUNTRY
	13.	FATHER'S NAME	T	ire Co.	14. MOTHER'S MAIDEN I	NAME	
		WEST THOM			Susan Clay	rton	4.14
I		s, no. or unknown) (If ye	NU S. ARMED FORCES? 16. III. give wer or deles of service)	14-16-2584	MEMORIAL HOGI	PMAL CUMBE	RLAND MD.
			Enter only one couse per fi	ne for (o), (b), and (c) ]	ilo de al	3	INTERVAL BETWEEN ONSET AND DEATH
			DUE TO  which (b) (b)	Dierat C	life, in do		56.4.
0	CERTIFICATION	PART II. OTHER		CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	HINAL DISEASE CONDITION	N GIVEN IN PART I(0) 19. WAS AUTOPS PERFORMED?
		20a. ACCIDENT WAS L OR CONTRIBUTING (IF EITHER, NOTIFY ME	INDERLYING TO 20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Port I or Port II of item 18	).)
	MEDICAL	20c, TIME OF INJURY Hour o.m. p. m.	Month, Doy, Year 20d.   While of wo	Not while	PLACE OF INJURY (Hame, form foctory, street, office bldg., etc.		(County) (Stot
		21 <b>I certify</b> that (		ded the deceased from			, 19 that (I) (we) la
		220 SIGNATURE	licine e		ATTENDING \ / M	AED STAFF PHYS.	22b. DATE SIGNE
1		22c PHYSICIAN'S NAME (Type)	DR. WEISMAN		22d. ADDRESS	REENE ST., C	UMBERLAND, MD.
		BURIAL, CREMATION, REMOVAL (Specify)	236. DATE THEREOF	23c. NAME OF CEMETERY Hillcrest B		23d LOCATION (City, to Cumberland	own, or county) (Stote)  1, Maryland
		FUNERAL DIRECTOR'S S	4	ADDRESS		D BY REGISTRAR 25b	REGISTRAR'S SIGNATURE
	J	John J. Haf	er, Cumberla	nd, Maryland	DATE	MAY 1 6 '60	Orthur S. Hrank

TO HOST RECEIVED BY ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled of the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the State Board at Health prior to burial, cremation, or remayol, and in any event, within 72 haurs ofter death. VR A1S (4) 1SM 9/S9

0 " 1 p.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05275

			II	1 1 11	1 12 1 12 13	0 11	1.6. 1.	
PLACE OF DEATH     COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (W o. STATE Mary]		b. COUNTY		before odm	
	V (If outside corporate limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate	limits, write RL	JRAL and giv	e nearest la	own)
RURAL ond give	rland	9/18/58	Cumber	al . i. d				
d NAME OF HOS	SPITAL (If not in haspital, give street	1 / 1 - 1 / 1	d. STREET ADDRESS	rand				RESIDENCE
OR INSTITUTIO	N N			371	" a A ***		1	NA FARM?
	Allegany Cou			) Virgin				
3 NAME OF DECEASED	First	Middle	Last	4. DATE OF	Mont		Doy	Year
(Type or print)	John	Henry	Twigg	DEATH	Ma		25,	1960
5. SEX	6 COLOR OR RACE 7 MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	le	GE (In years ast birthday)	Months D	YEAR IF UN	
Male	White WIDOW	ED T DIVORCED	10/16/1880		79 yrs.		dys   Hdoi	TS PVAII,
10a. USUAL OCCUPA	ATION (Give kind of wark dane 10b.	KIND OF BUSINESS OR INDL	STRY 11, BIRTHPLACE (Stote	or fareign countr	у)	12 CITIZE	N OF WHA	T COUNTRY?
Retired:		ker	Marylan	d		T	J. S.	Α.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		(	Maide		
	Tarael Twigg		Nanor	N. Tw:			Twig	_
15. WAS DECEASED E	EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.1	NFORMANT P.O.BC			ess Cumb		
(Yes, no, or unknown)	(If yes, give war or dates of service)		llegany Cou					
To account on	l l		TTekani Cor	mrea Tiri	TIMET	y nec		
	DEATH [Enter only one couse per li DEATH WAS CAUSED BY.	ne for (a), (b), and (c).	101	n	f		ONSET A	ND DEATH
1,60	IMMEDIATE CAUSE (o)	Grance My	correct or	igene	raply	972	-	
-X-00	DUE TO	1 11	1	10	,		-	
Conditions, 1		Cerclinal	arterio	ochere	DIR			
gave rise to couse (a), stati		10 0 0-	L 11-	/-		•	3	
lying couse lo		Klasello	melles	uo:				
Z PART II, (	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	MINAL DISEASE CO	NDITION GIV	EN IN PART	(a) 19 WA	S AUTOPSY
E S	chr	once he	skrite	2				REFORMED?
20g. ACCIDENT	WAS UNDERLYING [] 20b. DES	CRIBE HOW INJURY OCCURR	(Enter nature of injury in	Part I or Part II o	of item 18.)			
PART II. (  20g. ACCIDENT OR CONTRIBUTI OF CONTRIBUTI OF CONTRIBUTI	NG CAUSE OF DEATH	¥						
	JURY Month, Day, Year 20d. 1	NJURY OCCURRED 20e. P	ACE OF INJURY (Home, fare	m. 20f (City or t	own)	ICo.	unity)	(Stote)
Y 20c. TIME OF IN:	m. While	Not while fo	ctory, street, office bldg., at		,	100	,,	(0.010)
₹ p. r	m, 17 at wo	rk at work	5 /5 0 /2 0	1	ad // a			
21 I certify t	that (I) (this hospital) attend			2102/	25/60			) (we) las
sow the dece	eased alive on 5/24/6	019 , and that	death occurred o10:	B5 fr Anoth	ecouses and	d on the	date stati	ed above
22a SIGNATURE								22b, DATE SIGNED
	Sum 7. F	Langu	M.D. PHYS A	AED SIRECTOR X P	TAFF HYS	5/	/25/6	O SIGNE
22c PHYS CIAN			22d ADDRESS	Green	e Stre	et		
NAME CTYPE	Dr. James E	. McLean	Cumbe	rland,	Maryl	and		
23g. BURIA. CREMA	T ON, 236, DATE THEREOF	23c NAME OF CEMETERY O	OR CREMATORY	23d LOCATION	L(City town o	r county)	10	itate)
REMOVAL (Spec	afy)						(3	ina.c)
24. FUNERAL DIRECT		O Hillcrest I	Butial Park	Cumber To BY REGISTRAR		Mri.	JATHE	
_						hun & H		
John	J. Hafer, Cumbe	riana, Ma.	DATEMA	Y 3 1 '60	CM			

O HOSPICAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may to a ned by the haspital or attending physician.

O FUNDACAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled. By the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should by the side with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 bours after death. TO FUNE TO HOSE

VR A15 (4) 15M 9/59

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 5266

1.	PLACE OF DEATH D. COUNTY				2. USUAL RESIDI	ENCE (Who	ere deceased in			e befare admis	sion)
		egany	1	MARYLAND	o. STATE	Marvl	and	6 COUNTY	ALT	egan	
	b. CITY OR TOWN (II RURAL and give ne	outside carporate limits, arest town)	write c. LENGTH OF	STAY IN 1b	V		utside carporati	e limits, write R		40.00	n)
$\vdash$		rland, AL (If not in haspital, give	Street moldress)		d. STREET AD	V-anl	. 6.			a is no	SIDENCE
7	OR INSTITUTION		· ·				۵.			ON	FARM?
7 -		d Heart Disp	D.O.	A	1064		4 7700 010	Lo		YES [	NO [X
3	NAME OF DECEASED	First	N	Aiddle	Losi		4. DATE OF	Ма	ath	Day	Year
	(Type or print)	Mau	de Irene		Twigg		DEATH	5/6	660		19 60
5.	SEX	6. COLOR OR RACE 7.	MARRIED A NEVER M	AARRIED [	DATE OF BIRTH		9	AGE (In years last birthday)		YEAR IF UND	*
	Fenale	Whitew	IDOWED DIV	ORCED 🔲	May 3.	1889		1 yrs.		Doys Hours	Min
10	. USUAL OCCUPATIO	N (Give kind of work dan	e 10b. KIND OF BUSIN	ESS OR INDUS	TRY 11, BIRTHPLA	CE (State o	ar fareign coun	try)	12 CITIZ	EN OF WHAT	OUNTRY?
	Housewif	ng life, even if retired)	Own Home	e	Elk	Gard	len. W	Va	T	J. S.	٨
13.	FATHER'S NAME	_	1 0 11 11 0 111		14. MOTHER'S A			Y Cl o		J, J,	A.
	Edwa	rd Bailey			Toon	not+	o Cool	_			
15		IN U. S. ARMED FORCES	7 16. SOCIAL SECURIT	Y NO. 17 IN	FORMANT	nect	e Cool		íress		
	es, no, or unknown) (	If yes, give war or dates of service	(e)			~ ~	Lalla				
/=	No		None		enn Twi	99.	LaVa	le, Md			
		TH [Enter only One couse		,						INTERVAL B	DEATH
	PARI I. DEA	TH WAS CAUSED BY.  IMMEDIATE CAUSE (o)	Cerebro-va	scular	accident	(emb	olus)	rt. sid	10	sudd	
	1120	DUE TO									
	Conditions, if of	y, which ) (b)	Auricullar	fibril	lation					l yr	. plu
	gave rise to in cause (a), stating t	nmediate (				coror	ary ar	teriosc	lerosi	g	
	lying couse lost	(c)	Myocardial	fibros			-			?	
Z	PART II. OTH	ER SIGNIFICANT CONDIT								1(o) 19. WAS	AUTOPSY
Ĭ											RMED?
딀	200 ACCIDENT WA	S UNDERLYING 1 20	b. DESCRIBE HOW INJU	JRY OCCURRED	(Enter nature of	injury in P	ort I ar Part II	af item 18.)		,	110
A CERTIFICATION	(IF EITHER, NOTIFY	CAUSE OF DEATH									
MEDICAL	20c. TIME OF INJURY	,,,	20d. INJURY OCCURRED While Not while_	D 20e. PLA foct	CE OF INJURY (Ho ony, street, office to	ome, form,	20f (City or	town)	(Co	ounty)	(State)
MEI	p. m.		at wark ot work	_		- 9 ,,	1				
	21. I certify that	(1) (tikis kaspistal) o	ittended the deced	ased fram	12/	10	58 ta	May 6	10 6	O that (IV)	wal last
	saw the decease	ed Alive on Mal	y 2 19.60,	and that d	ath accurred	70.1	E B			و (۱) الكانا حق	heliusi
	220. SIGNATURE			dila iliai di	sain docorred	Ott of Viral	ge, won in	e cooses on	id dir the		b DATE
		lame &	- Anna	ter s	ATTENDING PHYS	ME DIR		STAFF PHYS	_		SIGNED
	22c. PHYSICIAN'S	7 43		- 19	22d, ADDRES		ECIOK L	rn13 🗀	برح	/9/60	
	NAME (Type)	Dr. S.M. Ja	cobson		50 P	ershi	ng St.	Cumb	erland	, Md.	
23	a. BURIAL, CREMATIO	N, 236 DATE THEREOF	23c. NAME OF	CEMETERY OR	CREMATORY	T	23d LOCATIO	N (City town,	or county)	(Sto	te)
	Burial (Specify)	May 9,196	50 Sunse	t Memo	rial Pa	-	_	berlan	- "	- '-	
24	FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS		1,	No preto	AV DECICEDA				
		L. George		land,	Md.	MAY	1 0 '60	Cu	STRAR'S SIGI	Phone	
-				_		JAIL					



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 526 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

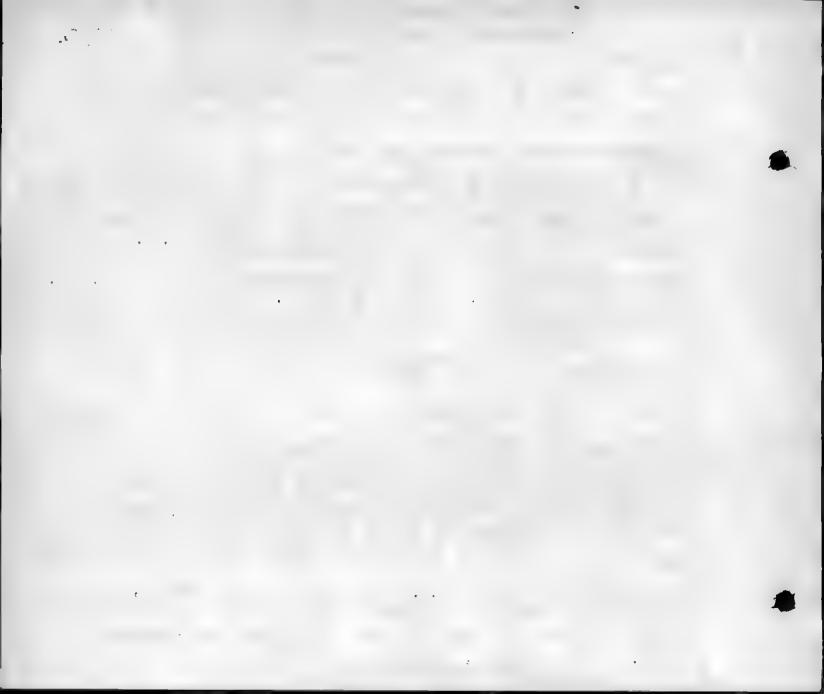
05277

0 70 17 8			Reg. Dist	. No.
d. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (W	there deceased lived. If Institution: Residence and b. county Alle	egany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	02	autside corporate limits, write RURAL and g	ive nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in	DOA hospital, give street address)	d. STREET ADDRESS	Land	e. IS RESIDENCE ON A FARM?
Memorial Hospital		1500 V	irginia Avenue	YES NO B
3. NAME OF DECEASED (Type or print) PTCHARD	MALTN T	WIGG	4 DATE Month OF DEATH May 20	Pay Year 19 60
	RIED NEVER MARRIED B		9. AGE (In years IF UNDER TY	EAR IF UNDER 24 HRS.
Male White WIDON	WED DIVORCED	March 6, 18	92   68 yrs.	ays Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane) told during most of working life, even if retired)	, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	ar fareign country)  12. CITIZE	N OF WHAT COUNTRY
Letired Brkmn	& 9 Railroad		rossroads, W.Vh.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Harmaon Twige		Mollie Hu		Vn. Ave
(Ver. 50: 07 technology)   Iff was now were no detect of service)		s. Sarah L.	Twigg Cumberland	d, Maryland
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		ary Occlusi	on	INTERVAL BETWEEN ONSET AND DEATH Sudden
Canditians, if ony, which gave rise to immediate cause (a), stating the underlying DUE TO	Due to Coronary	Sclerosis		
cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NALDISEASE CONDITION GIVEN IN PART I	(a) 19 WAS AUTOPSY PERFORMED? YES NO
PART II, OTHER SIGNIFICANT CONDITIONS  200. EXTERNAL CAUSE WAS PRIMARY 1 or CONTRIBUTING 1 CAUSE OF DEATH.	RIBE HOW INJURY OCCURRED. (E	nter nature of injury in Part	I ar Part II of item 18.)	
Hour a.m. W	d. INJURY OCCURRED 20e. PLAC hile Not while wark at wark	CE OF INJURY (Home, farm, ary, street, affice bldg., etc.)	, 20f. (City or tawn) (Caunt	y) (State)
21. I certify that I taak charge of the death resulted from: Natural causes		ve, held an Autopsy cide [], Hamicide		🔀, and find that
ACTUAL SIGNATURE Level of SA	Estarelia	_M.D. CHIEF MEDICAL EX		DATE SIGNED
EXAMINER'S Benedict Skitar	elic M.D.	ASSISTANT MEDICAL E	Mare 21 1	960
22g. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, or county)	(State)
Burial Hay 24, 1960 23. FUNERAL DIRECTOR'S SIGNATURE	Rose Hill Cer		Cumberland, Maryla	
John J. Hafer, Cumberla			MAY 2 4 '60 Chilling 2	
	,	DATE	3.1	

cut certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune cutractor. Page 4 shauld be form and to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you have a shauld be used as a burial-transit permit. File page 1 and 2 with the registrar prior to burial, are motion, TO DILLIY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. VS. A15ME(5) 5M 9/55

or removal.

If any delay is necessory, please exe-he fune circator. Page 4 shauld be

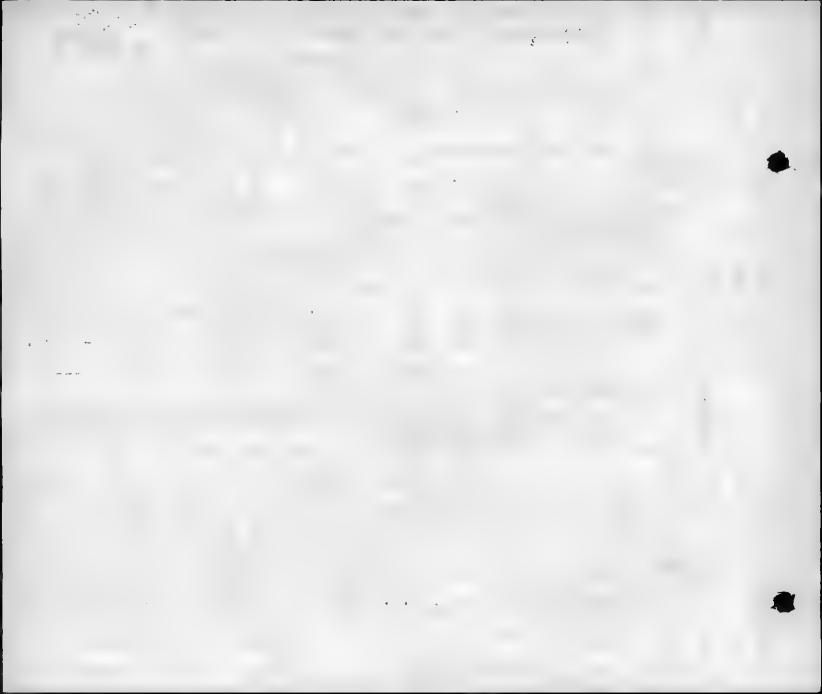


VS. A15ME(5) 5M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5268 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. DI N. 278

	1. F	LACE OF DEATH					O STATE	ESIDENCE (W	/here decea	ed lived. If inst		ce before od:	nission)
		CONTRACTOR OF THE PARTY OF THE	ALLEGANY		15115	MARYLAN	2		YLANI	)	ALL	EGANY	
۱,	р	and give nearest lown)	utside corporate limits, write	RURAL		H OF STAY IN 1	c. City C			porate limits, wri	te KUKAL and	giva nearest l	own)
21		CUMBER			13		1 1 1		BERL	A ND		1. 6	RESIDENCE
,	a		L OR INSTITUTION (I		ital, give s	reet oddress)	11 /	ADDRESS 512 P	INE A	AVENUE		10	A FARM?
ŀ		NAME OF	Fin	ıt .		Middle		26.7	4. DATE	Ma	nth	Day	Year
		Type or print)	GERAI	DINE	L		VALEN	TINE	OF DEATH	MAY			19 60
- {	5. S	EX	6. COLOR OR RACE	7. MARRIEC	NEV	ER MARRIED	8. DATE OF BIRT	ГН		9. AGE (In years lost birthday)	IF UNDER 1		DER 24 HRS.
		PEMALE	WHITE	WIDOWED		DIVORCED 🔲	OCT OB		1941	18 m	Months D	lays Hours	Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN during most of working life, even if retired)									EN OF WHA	COUNTRY?		
OWN HOME HOUSEWIFE HOUSEWIFE Bath, New York USA									JSA				
	13.	FATHER'S NAME					14. MOTHER	S MAIDEN N	IAME				
		CAR	L STINSO	N			IS.	ABEL	HAYES	3			
			R IN U. S. ARMED FO		OCIAL SEC	URITY NO. 17	INFORMANT			Addre	95		
		no					Frank l	R. Va	lenti	ne Cum	berlar	nd . Md .	
			4 [Enter only one cau	se per line fo	or (a), (b),	and (c). ]						INTERVAL BETY ONSET AND D	VEEN EATH
		PART I. DEATH WAS CAUSED 8Y. IMMEDIATE CAUSE (o) CEREBRAL HEMORRHAGE								3-5	Hrs.		
			DUE TO										
		Conditions, if an			COL	IGENITA	L VASCI	ULAR .	ANOM	ALY			-
		gave rise to immedi (a), stating the vi											
		cause last.	) {c}									<u> </u>	
	NO	PART II. OTHE	R SIGNIFICANT CON	DITIONS CON	TRIBUTING	G TO DEATH BU	NOT RELATED T	O THE TERMI	NAL DISEAS	E CONDITION G	IVEN IN PART	1(a) 19. WAS	AUTOPSY ORMED?
	3	(I	DIED 20 N	INUTE	SP	STPART	UM)					YES X	но 🗌
	CERTIFICATION	20g. EXTERNAL CAUS PRIMARY ☐ or CON CAUSE OF DEATH.	SE WAS TRIBUTING []	b. DESCRIBE	KNI WOH	JRY OCCURRED.	(Enter nature of	injury in Part	t f or Part 11	of item 18.}			
		20c. TIME OF INJURY	Month, Day, Yea	ic 204 IN	JURY OCC	TUPPED 200 P	IACE OF INJURY	Oloma Form	201 (Cit	or town)	(Cour	abel	(State)
	MEDICAL	Hour a.m. p. m.	19	While		while fo	ctory, street, offic	on bidg., etc.	}	, or toming	10001	··71	interes
		21. I certify the	at I took charge	of the re	mains o	described al	ave, held a	n Autaps	X. 1	nspectian 🔀	, Inquiry	K and	find that
$\lambda$		death resulted	from: Natural	causes 🔀	Acci	dent 🔲, S	vicide [],	Hamicide	□, U	ndetermined	cause 🔲.		
N				1 On	0	1.0							
54	Fa.	SIGNATURE A	enedict	J. K.	Jak	elic)	MLD. CHIEF	MEDICAL EX	AMINER [	]		DATE	SIGNED
							ASSIST	ANT MEDICA	AL EXAMINE	R 🔲			
		NAME (Type) BE	ENEDICT S	KITAR	ELI	M.D.	DEPUT	Y MEDICAL I	EXAMINER	MAY U	29. 1	960	
	22a	BURIAL, CREMATION REMOVAL (Specify)	, 226. DATE THEREO	F 2	Zc. NAME	OF CEMETERY	OR CREMATORY		22d. LOCA	TION (City, town	, or county)	(Sto	ite)
5	_	Burial	June 1	,1960			's Ceme	etery	Cu	mberla	nd, Md.		
1	23.	FUNERAL DIRECTOR'S			ADDR			24o. REC'I	D BY REGIST		GISTRAR'S SIGI	NATURE	
		James F.	Scarpel	li,Cu	mber	land,	Nd.	DATEU	8' E V	0 a	rthun S. 1	trues	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 5269 Reg. Dist. No filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a COUNTY **b** COUNTY MARYLAND egany Maryland Allegany funeroi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Pe RURAL and give nearest lown] should Cumberland Cumberland d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NOVE O. A. Memorial Hospital 28 Schiller Terrace NAME OF Middle Last 4. DATE Month Day Year DECEASED OF (Type or print) DEATH Harley Wagoner 1960 Mav 9 AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. lost birthday) Months Min. WIDOWED | DIVORCED T Male White ደበ YES. 100. USUAL OCCUPATION (Give kind of work done to TUNDOS BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? America Engineer (Retired) Keyser, W.Va. 13. FATHER'S NAME M. MOTHER'S MAIDEN NAME Charles Wagoner Mary Shrvock 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address No Sadie L. Wagoner 28 Shiller Terrace, Cumb. Md. 214-07-1929 18. CAUSE OF DEATH [Enler only one cause per line\_for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 집 PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) **DUE TO** Trunk lise and Calvana Conditions, if any, which (b) gove rise to immediate DUE TO cottse (a), stating the underlying couse lost. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p): 19 WAS AUTOPSY PERFORMED? YES NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Day. Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc. Hour a.m. While Not while ol work at work | p. m. 1960 that I last saw the deceased Mav I certify that I attended the deceased from. and that death accurred at OTM, from the causes and an the date stated above. ADORESS (Street, city or town, stote) DATE SIGNED **ACTUAL** SIGNATUR S. Centre Street 60 TO Cumberland, Maryland PHYSICIAN'S .--NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) FUN P (Stole) REMOVAL (Specify) Cumberland Burial Maryland

ADDRESS

Bin Inc. 117 Frederick St.

24a, REC'D BY REGISTRAR

DATE

245. REGISTRAR'S SIGNATURE

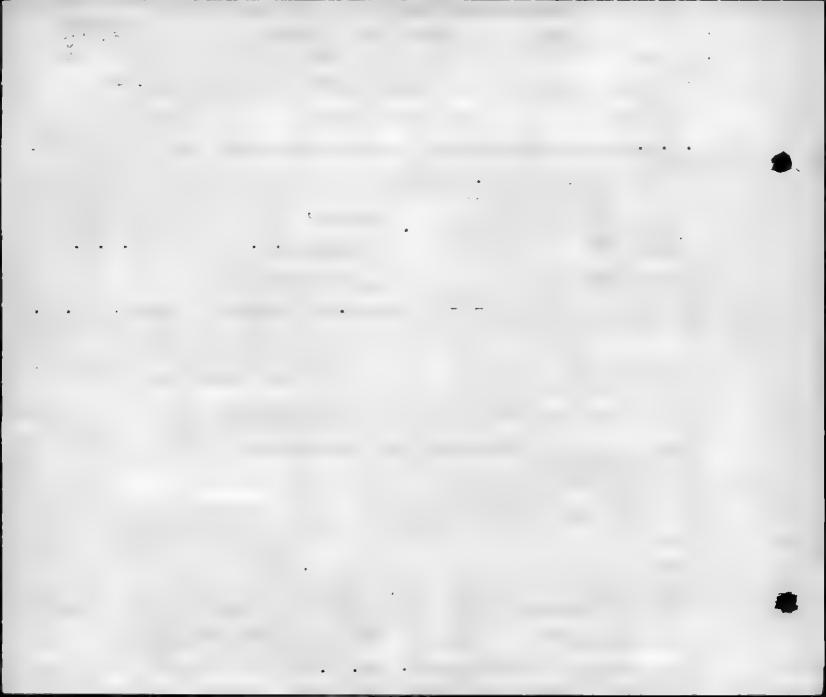
Million & Frank

death.

within 24

VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05280 **CERTIFICATE OF DEATH** Rea. Dist. No director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY filed Lan 6. COUNTY MARYLAND ann funeral b. CITY OR TOWN (If guiside corporate limits, write c. LENGTH OF STAY IN 16 C.CITY OR TOWN Sulside carporate limits, write RURAL and give hearest town 9 TURAL and give nearest tawn! should d. MAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TA NAME OF Fini Middle 4. DATE Month Day Year DECEASED OF (Type or print) DEATH 1960 5. SEX 6. COLOR,OR RACE 7. MARRIED ANEVER MARRIED B. DATE OF BIRTH 9. AGE (la years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Doys Min. WIDOWED [ DIVORCED [7] papers. yrs. 10a. ÚSUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 21. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? sturing most of working life, even if retired) reasurer and corban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH 흅 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 11 4.12 de 8616572 CC DUE TO QH0 Canditions, if any, which gove rise to immediate i Per DUE TO catte (a), stating the undergug lying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY remayal, PERFORMED? YES NO | 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Doy. Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.} Hour a. m. While Nat while 19 at work of work p. m. nast the 21. I certify that I offended the deceased from 1940, that I last saw the deceased detoched and that death occurred at 2 Pl M, from the couses and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL

physician attending à gned physician peen DIRECT ě prior hauld FUN 0 VS A15 (4) 15M 9/55

Page

within 24

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 22b. DATE THEREOF

PHYSICIAN'S NAME (Type)

REMOVAL Specify! made 1

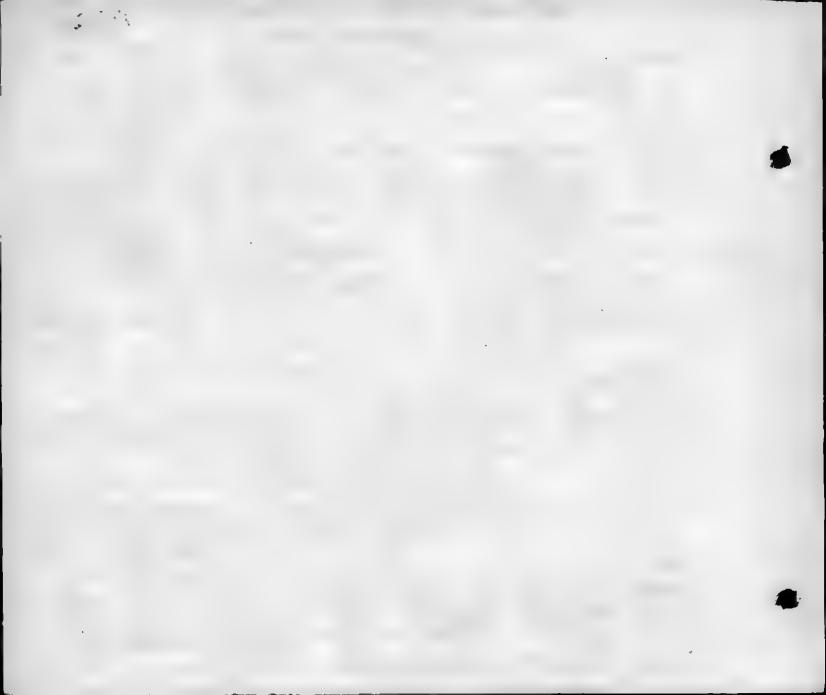
ADDRESS

22c. NAME OF CEMETERY OR CREMATORY

24g. REC'D BY REGISTRAR

24h: REGISTRAR'S SIGNATURE Children S. Thousa (Stole)

22d, LOCATION (City, lown, or county)



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND SOOTHING ATT. OF DEATH

115981

		5296	C	EKITFIC	CATE OF	DEATH			O	ا چي ت	74	
	LACE OF DEATH	rany		MARYLAN	O STATE		here deceased	l lived   If 'nstituti b. COUNTY		B MA	re admiss	sion)
Ŀ	RURAL and give in Liuke	(If autside carporate limits, vicearest tawn)		of stay in	12/2	or town (if o		rate limits, write R	URAL and	give nec	orest tawr	1)
(	OR INSTITUTION	ITAL (If not in haspital, give	street address)	11114	, d. STRE	et Address		ve.				FARM?
	NAME OF DECEASED Type or print)	Walter First	Paul	Middle	warnic	Last IC	4. DATE OF DEATH	Mon	ith	25 25	,	Year 19
5 S	ex Male	6. COLOR OR RACE 7.	MARRIED T NEV	ER MARRIED (	- I E-1 04			9, AGE (in years last birthday) yrs.	Months	Days	Hours	Min
10a 3u	USUAL OCCUPATI during most of wo DATVISOR	ON (Give kind of work don- tking life, even if refired) Beater Room	W. Va. Pu			THPLACE (State		ountry)		U.S.	WHAT	OUNTR
13.	FATHER'S NAME	Albert Warni	.ek			er's MAIDEN I Barah S						
15 (Yes	WAS DECEASED EV	ER IN U. S. ARMED FORCES	16. SOCIAL SEC 1 216-05-1		7 INFORMANT Eli	.79 M. V	Norric	Add	ress Paler	rpor	+, M;	
	Canditians, if gave rise ta cause (a), stating lying cause last	immediate DUE TO	Silon	dita	Luncu	Cery	Ceva	Mula	dis		5 -	y C
CATION		(c)	ONS CONTRIBUTI	NG TO DEATH	BUT NOT RELATE	D TO THE TERM	INAL DISEASI	E CONDITION GIV	VEN IN PA	RT 1(a)	PERFC	DRMED?
CERTIF.CA	OR CONTRIBUTING	AS UNDERLYING (1) 201 G (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	b. DESCRIBE HOW	INJURY OCCU	JRRED, (Enter natu	ire of injury in	Part I at Part	t (1 of item 18.)			TES {	NO [
MEDICAL	20c TIME OF INJU Haur a.m. p.m.	10	20d. INJURY OCC While Nat w at work at wor	hile	e PLACE OF INJU factory, street, a	office bldg., etc		or tawn)		(Caunty)		(Sta
		at (I) (this haspital) o		1	at death accu	rred at 72	M, fram	the causes an	19 انظر an th		stated	
230	222 PHYSICIAN'S NAME (Type) RODUM			OF CENETE	M.D. PHYS.	DDRESS		FION (City, town,	ud	m	(Sto)	1
	REMOVAL (Specifi Buria)		Philo		AT OR CREINATO	''V		terrport,			Md.	10,
24	FUNERAL DIRECTO	R'S SIGNATURE?	Western		!d.		D BY REGIST		STRAR'S S Chur S.	KLAM	RE A	

TO HOST AL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may bained by the hospital or attending physician.

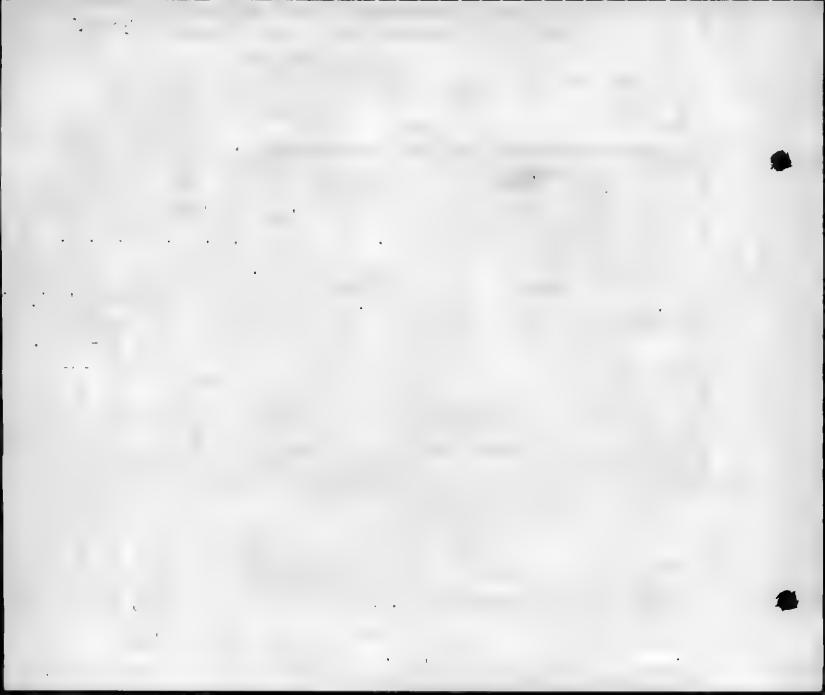
TO FUNEAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fill.— by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59



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DEPLITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please exe-	certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer director. Page 4 should be	forwayed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you	s FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fill pages 1 and 2 with the registrar prior to burial, grematia	
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VS. A15ME(5) 5M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
527 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
05282
Reg. Dist. No.

b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate mod give secretal form)  CIMBERT AND  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  SACRED HEART HOSPITAL.	limits, write RURAL and give									
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS	limits, write KUKAL and give									
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS		nearest lown)								
		X SERIES SEE								
SACRED HEART HOSPITAL 117 Main St.		e, is residence ON a FARM?								
		YES NO 🔀								
NAME OF First Middle Last 4. DATE OF	Month Do	y Yeor								
(Type or print) Elijah Thomas Wheeler DEATH		6 19 60								
[out	E (In years   IFUNDER TYEA   Days	R IF UNDER 24 HRS								
Male White WIDOWED DIVORCED April 18, 1882	78 ya. Maining 10075	Proofs Min.								
ousual occupation (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Retared Foreman Kelly-Tire Co. Jones Spring, W.		S. A.								
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME										
William Wheeler Sarah C. Eve	rhart									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  NO. 18 yes, give wor or doles of services 1. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	Address Ridge son Carpent	ley. W. ers Add.								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	IN	TERVAL BETWEEN								
PART 1. DEATH WAS CAUSED BY, WAMEDIATE CAUSE (a) CORONARY OCCLUSION		2-3 Hrs.								
IMMEDIATE CAUSE (a) GONONARY OCCIDENTION		C-O III D .								
Conditions, if any, which) (b)										
gave rise to immediate cause										
(a), stating the underlying out to cause lost.										
	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY								
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON		YES NO TO								
20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item CAUSE OF DEATH.	n 18.)									
20c. TIME OF INJURY Manth, Day, Year  Heur a. m., p. m.  19  20d. INJURY OCCURRED While at work at wor	wn) (County)	(State)								
		3 1 21 1 1								
121. I certity that I took enorge of the remains described above, held an Abtansy F 1. Inspec		<b>y</b> , and find tha								
	ermined cause									
		Date Control								
deoth resulted from: Natural couses . Accident . Suicide . Hamicide . Undete		SIGNATURE Benedict Sketarelia M.D. CHIEF MEDICAL EXAMINER []								
deoth resulted from: Natural couses . Accident . Suicide . Homicide . Undete		DATE SOME								
deoth resulted from: Natural couses & Accident , Suicide , Hamicide , Undete		DARK SORES								
deoth resulted from: Natural couses . Accident . Suicide . Hamicide . Undete	MAY 26. 1	960								
deoth resulted from: Natural couses V., Accident J., Suicide J., Hamicide J., Undete  ACTUAL SIGNATURE Seried Skitzells  M.D. CHIEF MEDICAL EXAMINER J.  ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER J.  220. BENEDICT SKTTARET.TC M.D. DEPUTY MEDICAL EXAMINER J.  PERMOVAL (Specify) 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (	(City, town, ar county)	960 (State)								
deoth resulted from: Natural couses V. Accident . Suicide . Homicide . Undete  ACTUAL SIGNATURE SENEDICT SKTTARET. TC. M.D. DEPUTY MEDICAL EXAMINER .  EXAMINER'S NAME (Type) BENEDICT SKTTARET. TC. M.D. DEPUTY MEDICAL EXAMINER .  220. BURNOVAL (Specific). 226. DATE THEREOF . 22c. NAME OF CEMETERY OR CREMATORY . 22d. LOCATION (		960 (Stote) y l a n d								



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND S287 CERTIFICATE OF DEATH

250. REC'D BY REGISTRAR JUN 2 '60

arthur S. Hours

05283

	PLACE OF DEATH	ALLEGANY	MAR		ISUAL RESIDENCE	(Where deceased ARYLAND			LEGANY	
I	ERUST	outside corporate limits, v rest town] BURG	vrite c. LENGTH OF STAY	IN 1b	CITY OR TOWN	(If outside corpo		URAL ond g	give nearest tow	m)
	OR INSTITUTED A	AL (If not in haspital, give ADDOCK ROA)	street oddress)	1	d. STREET ADDRES		OCK RO	AD		A FARM?
- 1	NAME OF DECEASED (Type or print)	JAMES	Middle <b>F</b> .		rstone	4. DATE OF DEATH	MA.		30 <b>,</b>	Year 19 60
5. 5	MALE	3 37 7 T (1) T3	MARRIED NEVER MARRIDOWED DIVORCE		TE OF BIRTH	1889	9. AGE ( n years lost hday) yrs.	Months	Days Hours	Min.
	during most of working MOLDER  FATHER'S NAME	N (Give kind of work done ing life, even if retired)	BIG SAVAG REFRACTOR	E		YLAND	ountry)		S.A.	COUNTRY?
1.0.		WHETSTONE				THERINE	HOUSE			
		IN U. S. ARMED FORCES If yes, give wor or dates of service	? 16. SOCIAL SECURITY NO 213-10-987	4	MANT	WHETST	Add	BRA	DDOCK	RD.,
	PART I. DEAT	TH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO  Which The mediate (b)	per line for (a), (b), ond (c)  Peace  Or Un  Mys 0,	ioso	Hailu Lesos ve Ca		t Side	-line	yea yea	O DEATH
CATION	PART II OTH	ER SIGNIFICANT CONDITI	IONS CONTRIBUTING TO DI	ATH BUT NOT	RELATED TO THE T	ERMINAL DISEAS	E CONDITION GI	VEN IN PAR	T 1(a) 19. WAS PERF YES [	AUTOPSY ORMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 1 206 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY O	CCURRED (Er	iter noture of injur	y in Port I or Por	t II of item 18 )			
MEDICAL	20c TIME OF INJURY Hour a.m. p. m		20d INJURY OCCURRED While Not while of work  ot work		OF INJURY (Home, street, office bldg		ar town)	{(	County)	(State)
	21 <b>I certify</b> that saw the deceas		ittended the deceased BY 30 19 (6) and		accurred at		the causes a		date state	d abave
	220 S GNATURE	John E	3. Stovies,	MD	ATTENDING PHYS	MED DIRECTOR [	STAFF PHYS		6/1	DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)		DIVIS, M. I	<u></u>	F1-1	ostl	rung	Mo	rylo	nd
	BURIAL, CREMATION	0-2-60	F bg.Me				ostburg		,	ote)

F'bg.Memorial

FROSTBURG, MD.

may the first like haspital or attending physician.

TO FUNEXAL DIRECTOR After this certificate has been signed by the otten ing plysician and campletely fillects by page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the State Baard of Health prior to burial, cremotion, ar remayal, and in any event, within 72 haurs after death.

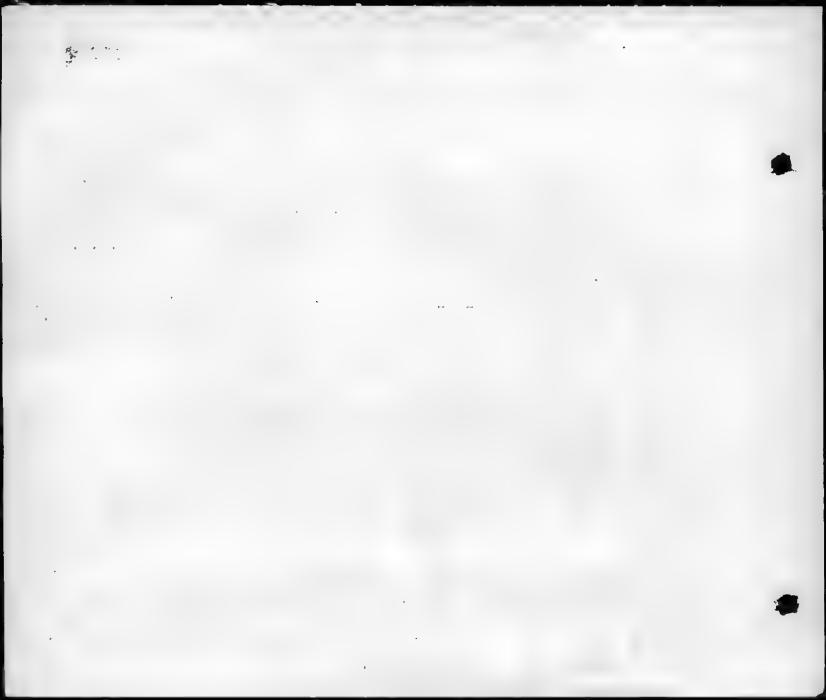
ours after death. Page 4

OR ATTENDING PHYSMIAN: The law requires that the death certificate Be executed within 24th

by the funeral directar, if 2 should be filed with

VR A15 (4) 15M II/S9

24, FUNEFAL DIRECTOR'S SIGNATURE



VR A1S (4) 1SM 9/59

1. PLACE OF DEATH

<b>MARYLAND</b>	<b>STATE</b>	DEP	ART/	MENT	OF	HE/	ALTH	
N OF STATISTICAL	RESEARCH	AND	RECOR	DS — I	BALTIM	ORE	I, MARY	LAI
CEL	TIPLO.	A YES	- 05	DEA	TILL			

5272 DIVISIO 0528 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

ALLEGANY		MARYLAND	o. STATE WES	T VIRGIN	A b. COUNTY	HARDY	1
b. C.TY OR TOWN (If outside con RURAL and give nearest town)	rporate limits, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN	N (If outside carpo	prote limits, write RU	RAL and give nec	arest fown)
CUMBERLAND		3 DAYS	MOO	REFIELD		OFK	3
d. NAME OF HOSPITMEMORY OR NST TUTION MEMORY WARWICK & MEM			d. STREET ADDRE	SS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle	lost	4. DATE	Month	Da Da	y Year
(Type or print)	ELEANOR	P.	WILLIAMS	OF DEATH	MAY	6	19 60.
S. SEX 6 COLOR	OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH			IF UNDER 1 YEAR	IF UNDER 24 HRS
FEMALE WHI	TE WIDOWED [	DIVORCED [	MARCH 21.		last birthdoy) 77 yrs.	Months Doys	Hours Min.
10a. USUAL OCCUPATION (Give kinduring mast of working life, eve	d of work dane 10b. KIN	ID OF BUSINESS OR INDU		State ar foreign c	auntry)	12. CITIZEN OF	WHAT COUNTRY?
	an in terried)		WEST	VIRGINIA		U.	S. A.
13. FATHER'S NAME			14. MOTHER'S MAII	DEN NAME			
EDWARD WILLIAM	S		ANNIE E	. VAN ME	TER		
15. WAS DECEASED EVER IN U. S. A	RMED FORCES? 16 SOC	CIAL SECURITY NO 17. 11	FORMANT		Addre	\$\$	
			MEMORIAL H	OSPITAL	- CUMBERL	AND, MD.	
18. CAUSE OF DEATH [Enter of	only one cause per line fo	o) (o), (b), and (c).]	, ,			INTE	RVAL BETWEEN
PART I, DEATH WAS CA	USED BY: E CAUSE (a)	ex extru	des.			IONS	T - 10 d
, /X	DUE TO	1				470	
Conditions, if ony, which	(b) 1/2	Tf. Cle	Vienna			1	)-10d
gave rise to immediate cause (a), stating the under-	DUE TO	111 .	,s	Ps.			۸ ,
lying couse lost	(c) /	o'd; kun	2 00	al an	·C		9r.
Ē	CANT CONDITIONS CON	ITRIBUTING O DEATH BUT	NOT RELATED TO THE	TERMINAL DISEAS	E CONDITION GIVE	N IN PART 1(0)	9. WAS AUTOPSY PERFORMED? YES NO
200 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE ( (IF EITHER, NOTIFY MEDICAL E)	DE DEATH I	BE HOW INJURY OCCURRE	D. (Enter nature of inju	ry in Part I or Por	t II of item 18.)		-
20c TIME OF INJURY Month,	While	Not while for	ACE OF INJURY (Home story, street, office bldg	, farm, 20f. (Cit)	or town)	(Caunty)	(Stote)
p. m.	or work						-
21 I certify that (I) (this	C 10						
saw the deceased alive	an 5=12	_1960 and that c	leath accurred at	DIUM, WOM	the causes and	an the date	
45	morn	-	M.D. ATTENDING PHYS.	MED.	STAFF PHYS.		22b, DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	1. A.J.	MIRKIN	22d. ADDRESS				
23a. BURIAL, CREMATION, 23b. DA	TE THEREOF 23	3c. NAME OF CEMETERY O	R CREMATORY	23d LOCA	TION (City, town, or	county)	(State)
BEMOVAL (Specify) NIE	242 1960	OLIVET		MOO	REFLELD.	W.VA.	
24, FUNERAL DIRECTOR'S SIGNATUR	RE/	ADDRESS		REC'D BY REGIST	TRAR 255, REGIST	RAR'S SIGNATUR	₹E
KEITH SHAFFER -	- ROMNEY	, W. VA.	DAT	MAY 2 4 '60	Cloth	us S. Kenna	



# MARYLAND STATE DEPARTMENT OF HEALTH 5273 IVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05285

1. PLACE OF DEATH o. COUNTY ALL	EGANY	MARYLAND	2. USUAL RESIDENCE O. STATE MERYLA		lived. If institution b. COUNTY	GARRE	fore admission)			
RURAL and give no	BERLAND	5 DAYS	FROSTE	N (If outside corpora BURG	ote limits, write Rt	JRAL ond give n	X-2			
d. NAME OF HOSPIT OR INSTITUTION MEMOR I	MEMORIAL HOSPI AL & WARWICK A	et address) TAL VES	d. STREET ADDRE		9		e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF DECEASED (Type or print)	ANN1E	Middle G •	WILT	4. DATE OF DEATH	Mont MA		7 19 60			
S. SEX FEMALE	2 02 2 0 miles	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  DECEMBER 1	10	AGE (In years lost birthdoy)  65 yrs.	Months Days				
during most of worl	ON (Give kind of work done 10 king life, even if relired)  e work  Max Layman	6. KIND OF BUSINESS OR INDL	GARRET	IT, MD.		U.S.	of what country?			
	1	6. SOCIAL SECURITY NO. 17.	NFORMANT		Addr					
Conditions, if a gove rise to i couse (o), stating lying cause lost.  PART II. OTI	(0)									
Y 20c. TIME OF INJUR Hour a. m. p. m.	Month, Day, Year 20d White of (1) (this hospital) at tel	le Not while fo		19 60 to 35P.M. fram t	5 - 17	d on the do	that (I) (we) lost te stoted above.			
22c. PHYSICIAN'S NAME (Type)	RALPH BALLI		22d. ADDRESS 62 GRE	EENE ST.	PHYS	-				
236. BURIAL, CREMATIC REMOVAL (Specify) BUPIST 24. FUNERAL DIRECTOR BULLL H. KL	May 20 19	60 Frostburg Fune 11 Home	Mem. Pk	-		STRAR'S SIGNAT				

VR A15 (4) 1SM 9/59

4,100,7			£6.64
Taries	OME ANTIN DOMESTIA	20 July 12	MINTERSO -
	101 Ann 124 119	4.	AND REPORT A THEORY
_11 - YM	7,119	5	31404
	A DESCRIPTION		12/04 248/24
4 7 4	.ci ,regista		
	MISHARY OF STUAR		
			No.
and the same			they we want
W Jalyna	, in		MITTAR OFFICE
		E.O. , #1	

ALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death. Page 4

the attending physician and campletely filled in by the funeral director. Then please remave carban papers. Pages 1 and 2 should be filed with

TO HO AL OR ATTENDING PHTALCIAM: The four completely filled may be failed by the defending physician and campletely filled to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to Funeral Director Progressian and the State Board of Health prior to buriol, cremation, at remayal, and in any remaining 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

5274

CERTIFICATE OF DEATH

-			4-11-11-14-		•		
1		PLACE OF DEATH  d. COUNTY  ALLEGANY	MARYLAND	2. USUAL RESIDENCE (W. g. STATE MARYLAN	b.	If institution: Residence COUNTY ALLEGA	
-		b. CITY OR TOWN (If outside corporate limits, we RURAL and give nearest town) CUMBERLAND	7 DAYS	c. CITY OR TOWN (IF		ts, write RURAL and giv	
		MEMORITATION HOSPITATION, give st MEMORIAL & WARWICK AVE	reel oddress)	d. STREET ADDRESS	IN ST.		e. IS RESIDENCE ON A FARM? YES NO
		NAME OF First DECEASED (Type or print)  FFIE	Middle	Lost WILT	4. DATE OF DEATH	Manth MAY	Day Year 160
	5.		MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH  JULY 20	9. AGE last b 71	1 1 1	YEAR IF UNDER 24 HRS. Oys Hours Min.
		<ol> <li>USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</li> </ol>	10b. KIND OF BUSINESS OR INDU	GARRETT	CO.,MD.		S.A.
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN			
		THOMAS WILT	To the second se		BETH PLATT		
		WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give wor or dates of service)		MEMORIAL HOSP	TIAL CUMB	Address BERLAND, MD	•
		18. CAUSE OF DEATH [Enter only one cause p PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	er line for (a), (b), and (c).] erebro-vascular	accident - he	emorrhage		interval between onset and death
		gove rise to immediate DUE TO	ypertension Fremia				33
7	TATION	PART II. OTHER SIGNIFICANT CONDITION		T NOT RELATED TO THE TERM	AINAL DISEASE CONDI	ITION GIVEN IN PART I	1(a) 19. WAS AUTOPSY PERFORMED? YES NO 3
9	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Port I ar Part II of ite	ım 1B.)	
	MEDICAL	Hour a.m.	Od. INJURY OCCURRED 20e. Pl thile Nat while for work at work	LACE OF INJURY (Hame, far actory, street, office bldg., et	m, 20f. (City or lown	) (Co	unty) (Stote)
		21. I certify that (I) (this haspital) at saw the decegred alive an5/	tended the deceased fram. 19 19 60, and that		50, ta 5/	19/60, 19 uses and on the	that (I) (we) last
		22a. SIGNATURE	Le Reer	M.D. ATTENDING A	AED. STAFI		5/20/6
		PAYSICIAN'S NAME (Type) DR. SAMUEL JAC	OBSON	50 PERSHIN	G ST., CUM	BERLAND, MD	
	230	BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (Ci	ty, town, or county)	(State) Md.
	24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC		2Sb. REGISTRAR'S SIGN	
			esternport, Md.	DATE	MAY 25 '60	Orthur &	Kenna

